

Fill in this information to identify your case:

United States Bankruptcy Court for the:

NORTHERN DISTRICT OF ILLINOIS

Case number (if known) _____

Chapter you are filing under:

- Chapter 7
- Chapter 11
- Chapter 12
- Chapter 13

Check if this an amended filing

B 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, “Do you own a car,” the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yourself

About Debtor 1:

1. Your full name

Write the name that is on your government-issued picture identification (for example, your driver's license or passport).

Bring your picture identification to your meeting with the trustee.

Rosemary

First name

B

Middle name

Douglas

Last name and Suffix (Sr., Jr., II, III)

About Debtor 2 (Spouse Only in a Joint Case):

2. All other names you have used in the last 8 years

Include your married or maiden names.

Frederick

First name

G

Middle name

Douglas

Last name and Suffix (Sr., Jr., II, III)

3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)

xxx-xx-1181

xxx-xx-0450

Debtor 1 **Rosemary B Douglas**
Debtor 2 **Frederick G Douglas**

Case number (if known)

About Debtor 1:

4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years

- I have not used any business name or EINs.

Include trade names and *doing business as* names

Business name(s)

EINs

About Debtor 2 (Spouse Only in a Joint Case):

- I have not used any business name or EINs.

Business name(s)

EINs

5. Where you live

**1210 John Dr
Hoffman Estates, IL 60169**

Number, Street, City, State & ZIP Code

Cook

County

If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.

Number, P.O. Box, Street, City, State & ZIP Code

If Debtor 2 lives at a different address:

Number, Street, City, State & ZIP Code

County

If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.

Number, P.O. Box, Street, City, State & ZIP Code

6. Why you are choosing this district to file for bankruptcy

Check one:

- Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
 I have another reason.
Explain. (See 28 U.S.C. § 1408.)

Check one:

- Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
 I have another reason.
Explain. (See 28 U.S.C. § 1408.)

Debtor 1 Rosemary B Douglas
Debtor 2 Frederick G Douglas

Case number (if known)

Part 2: Tell the Court About Your Bankruptcy Case

7. The chapter of the Bankruptcy Code you are choosing to file under *Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.*
- Chapter 7
 Chapter 11
 Chapter 12
 Chapter 13
8. How you will pay the fee *■ I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.*
- I need to pay the fee in installments.* If you choose this option, sign and attach the *Application for Individuals to Pay The Filing Fee in Installments* (Official Form 103A).
- I request that my fee be waived* (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the *Application to Have the Chapter 7 Filing Fee Waived* (Official Form 103B) and file it with your petition.
9. Have you filed for bankruptcy within the last 8 years? *■ No.
 Yes.*
- District _____ When _____ Case number _____
District _____ When _____ Case number _____
District _____ When _____ Case number _____
10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? *■ No
 Yes.*
- Debtor _____ Relationship to you _____
District _____ When _____ Case number, if known _____
Debtor _____ Relationship to you _____
District _____ When _____ Case number, if known _____
11. Do you rent your residence? *■ No. Go to line 12.
 Yes. Has your landlord obtained an eviction judgment against you and do you want to stay in your residence?
 No. Go to line 12.
 Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it with this bankruptcy petition.*

Debtor 1 **Rosemary B Douglas**
 Debtor 2 **Frederick G Douglas**

Case number (if known)

Part 3: Report About Any Businesses You Own as a Sole Proprietor

12. Are you a sole proprietor of any full- or part-time business?

No. Go to Part 4.

Yes. Name and location of business

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

Name of business, if any

Number, Street, City, State & ZIP Code

Check the appropriate box to describe your business:

- Health Care Business (as defined in 11 U.S.C. § 101(27A))
- Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- Stockbroker (as defined in 11 U.S.C. § 101(53A))
- Commodity Broker (as defined in 11 U.S.C. § 101(6))
- None of the above

13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?

For a definition of *small business debtor*, see 11 U.S.C. § 101(51D).

If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. 1116(1)(B).

No. I am not filing under Chapter 11.

No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.

Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.

Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention

14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

No.

Yes.

What is the hazard?

If immediate attention is needed, why is it needed?

Where is the property?

Number, Street, City, State & Zip Code

Debtor 1 Rosemary B Douglas
Debtor 2 Frederick G Douglas

Case number (if known)

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

- I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

- I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- I am not required to receive a briefing about credit counseling because of:

Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

- I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

- I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- I am not required to receive a briefing about credit counseling because of:

Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1 **Rosemary B Douglas**
 Debtor 2 **Frederick G Douglas**

Case number (if known)

Part 6: Answer These Questions for Reporting Purposes

| | | | |
|--|---|---|---|
| 16. What kind of debts do you have? | 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <p><input type="checkbox"/> No. Go to line 16b.</p> <p><input checked="" type="checkbox"/> Yes. Go to line 17.</p> | | |
| | 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. <p><input type="checkbox"/> No. Go to line 16c.</p> <p><input type="checkbox"/> Yes. Go to line 17.</p> | | |
| | 16c. State the type of debts you owe that are not consumer debts or business debts <hr/> | | |
| <hr/> | | | |
| 17. Are you filing under Chapter 7? | <p><input type="checkbox"/> No. I am not filing under Chapter 7. Go to line 18.</p> <p><input checked="" type="checkbox"/> Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> | | |
| <hr/> | | | |
| 18. How many Creditors do you estimate that you owe? | <p><input type="checkbox"/> 1-49</p> <p><input type="checkbox"/> 50-99</p> <p><input checked="" type="checkbox"/> 100-199</p> <p><input type="checkbox"/> 200-999</p> | <p><input type="checkbox"/> 1,000-5,000</p> <p><input type="checkbox"/> 5,001-10,000</p> <p><input type="checkbox"/> 10,001-25,000</p> | <p><input type="checkbox"/> 25,001-50,000</p> <p><input type="checkbox"/> 50,001-100,000</p> <p><input type="checkbox"/> More than 100,000</p> |
| <hr/> | | | |
| 19. How much do you estimate your assets to be worth? | <p><input type="checkbox"/> \$0 - \$50,000</p> <p><input type="checkbox"/> \$50,001 - \$100,000</p> <p><input checked="" type="checkbox"/> \$100,001 - \$500,000</p> <p><input type="checkbox"/> \$500,001 - \$1 million</p> | <p><input type="checkbox"/> \$1,000,001 - \$10 million</p> <p><input type="checkbox"/> \$10,000,001 - \$50 million</p> <p><input type="checkbox"/> \$50,000,001 - \$100 million</p> <p><input type="checkbox"/> \$100,000,001 - \$500 million</p> | <p><input type="checkbox"/> \$500,000,001 - \$1 billion</p> <p><input type="checkbox"/> \$1,000,000,001 - \$10 billion</p> <p><input type="checkbox"/> \$10,000,000,001 - \$50 billion</p> <p><input type="checkbox"/> More than \$50 billion</p> |
| <hr/> | | | |
| 20. How much do you estimate your liabilities to be? | <p><input type="checkbox"/> \$0 - \$50,000</p> <p><input type="checkbox"/> \$50,001 - \$100,000</p> <p><input type="checkbox"/> \$100,001 - \$500,000</p> <p><input checked="" type="checkbox"/> \$500,001 - \$1 million</p> | <p><input type="checkbox"/> \$1,000,001 - \$10 million</p> <p><input type="checkbox"/> \$10,000,001 - \$50 million</p> <p><input type="checkbox"/> \$50,000,001 - \$100 million</p> <p><input type="checkbox"/> \$100,000,001 - \$500 million</p> | <p><input type="checkbox"/> \$500,000,001 - \$1 billion</p> <p><input type="checkbox"/> \$1,000,000,001 - \$10 billion</p> <p><input type="checkbox"/> \$10,000,000,001 - \$50 billion</p> <p><input type="checkbox"/> More than \$50 billion</p> |

Part 7: Sign Below

For you

I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ Rosemary B Douglas

Rosemary B Douglas

Signature of Debtor 1

Executed on December 2, 2015
 MM / DD / YYYY

/s/ Frederick G Douglas

Frederick G Douglas

Signature of Debtor 2

Executed on December 2, 2015
 MM / DD / YYYY

Debtor 1 **Rosemary B Douglas**
Debtor 2 **Frederick G Douglas**

Case number (if known) _____

For your attorney, if you are represented by one

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

If you are not represented by an attorney, you do not need to file this page.

/s/ David Cutler

Signature of Attorney for Debtor

Date

December 2, 2015

MM / DD / YYYY

David Cutler

Printed name

Cutler & Associates, Ltd

Firm name

4131 Main Street

Skokie, IL 60076

Number, Street, City, State & ZIP Code

Contact phone

847-673-8600

Email address

david@cutlerltd.com

Bar number & State

Fill in this information to identify your case:

| | | | |
|--|----------------------------|-------------|-----------|
| Debtor 1 | Rosemary B Douglas | | |
| | First Name | Middle Name | Last Name |
| Debtor 2 (Spouse if, filing) | Frederick G Douglas | | |
| | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: <u>NORTHERN DISTRICT OF ILLINOIS</u> | | | |
| Case number (if known) _____ | | | |

Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Part 1: Summarize Your Assets

| | | Your assets Value of what you own |
|-----|---|---|
| 1. | Schedule A/B: Property (Official Form 106A/B) | \$ 289,606.00 |
| 1a. | Copy line 55, Total real estate, from Schedule A/B..... | \$ 289,606.00 |
| 1b. | Copy line 62, Total personal property, from Schedule A/B..... | \$ 5,700.00 |
| 1c. | Copy line 63, Total of all property on Schedule A/B..... | \$ 295,306.00 |

Part 2: Summarize Your Liabilities

| | | Your liabilities Amount you owe |
|-----|---|--|
| 2. | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) | \$ 415,088.00 |
| 2a. | Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i> ... | \$ 415,088.00 |
| 3. | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) | \$ 20,000.00 |
| 3a. | Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i> | \$ 20,000.00 |
| 3b. | Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i> | \$ 286,853.09 |
| | | Your total liabilities \$ 721,941.09 |

Part 3: Summarize Your Income and Expenses

| | | |
|----|---|--------------------|
| 4. | Schedule I: Your Income (Official Form 106I) | \$ 4,919.66 |
| | Copy your combined monthly income from line 12 of <i>Schedule I</i> | \$ 4,919.66 |
| 5. | Schedule J: Your Expenses (Official Form 106J) | \$ 5,251.00 |
| | Copy your monthly expenses from line 22c of <i>Schedule J</i> | \$ 5,251.00 |

Part 4: Answer These Questions for Administrative and Statistical Records

6. Are you filing for bankruptcy under Chapters 7, 11, or 13?

No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Yes

7. What kind of debt do you have?

Your debts are primarily consumer debts. *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Debtor 1 Rosemary B Douglas
Debtor 2 Frederick G Douglas

Case number (if known) _____

8. From the **Statement of Your Current Monthly Income**: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

\$ 0.00

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| From Part 4 on Schedule E/F, copy the following: | Total claim |
|--|---------------------|
| 9a. Domestic support obligations (Copy line 6a.) | \$ <u>0.00</u> |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ <u>20,000.00</u> |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ <u>0.00</u> |
| 9d. Student loans. (Copy line 6f.) | \$ <u>0.00</u> |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ <u>0.00</u> |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ <u>0.00</u> |
| 9g. Total. Add lines 9a through 9f. | \$ <u>20,000.00</u> |

Fill in this information to identify your case and this filing:

| | | | |
|--|----------------------------|-------------|-----------|
| Debtor 1 | Rosemary B Douglas | | |
| | First Name | Middle Name | Last Name |
| Debtor 2 (Spouse, if filing) | Frederick G Douglas | | |
| | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: <u>NORTHERN DISTRICT OF ILLINOIS</u> | | | |
| Case number <u> </u> | | | |

Check if this is an amended filing

**Official Form 106A/B
Schedule A/B: Property**

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

- 1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?**

No. Go to Part 2.

Yes. Where is the property?

1.1

Street address, if available, or other description

City _____ **State** _____ **ZIP Code** _____

County

What is the property? Check all that apply.

- Single-family home
 - Duplex or multi-unit building
 - Condominium or cooperative
 - Manufactured or mobile home
 - Land
 - Investment property
 - Timeshare
 - Other

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

Current value of the portion you own?

\$289,606.00

\$289.606.00

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

Check if this is community property
(see instructions)

Other information you wish to add about this item, such as local property identification number: **Single Family Residence - 1210 John Dr, Hoffman Estates IL (value per zillow 11/22/15 \$289,606)**

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.....=>

\$289,606.00

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

Debtor 1 Rosemary B Douglas
Debtor 2 Frederick G Douglas

Case number (if known)

3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

- No
 Yes

3.1 Make: _____
Model: _____
Year: _____
Approximate mileage: _____
Other information:

Who has an interest in the property? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this is community property
(see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property? **Current value of the portion you own?**

2004 Nissan Quest 190,000 miles

\$2,000.00

\$2,000.00

4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

- No
 Yes

5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here.....=> **\$2,000.00**

Part 3: Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

6. Household goods and furnishings

Examples: Major appliances, furniture, linens, china, kitchenware

- No
 Yes. Describe.....

Personal possessions in home at liquidation value

\$1,700.00

7. Electronics

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

- No
 Yes. Describe.....

8. Collectibles of value

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

- No
 Yes. Describe.....

9. Equipment for sports and hobbies

Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

- No
 Yes. Describe.....

Golf clubs

\$200.00

10. Firearms

Examples: Pistols, rifles, shotguns, ammunition, and related equipment

- No
 Yes. Describe.....

Debtor 1 **Rosemary B Douglas**
Debtor 2 **Frederick G Douglas**

Case number (if known) _____

11. Clothes

Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories

No

Yes. Describe.....

Personal clothing

\$800.00

12. Jewelry

Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

No

Yes. Describe.....

Wedding bands and costume jewelry

\$100.00

13. Non-farm animals

Examples: Dogs, cats, birds, horses

No

Yes. Describe.....

14. Any other personal and household items you did not already list, including any health aids you did not list

No

Yes. Give specific information.....

Snowblower

\$200.00

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here

\$3,000.00

Part 4: Describe Your Financial Assets

Do you own or have any legal or equitable interest in any of the following?

**Current value of the portion you own?
Do not deduct secured claims or exemptions.**

16. Cash

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

No

Yes.....

17. Deposits of money

Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

No

Yes.....

Institution name:

17.1.

Checking - Chase Bank

\$500.00

17.2.

SSI Debit Card

\$200.00

18. Bonds, mutual funds, or publicly traded stocks

Examples: Bond funds, investment accounts with brokerage firms, money market accounts

No

Yes.....

Institution or issuer name:

19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture

No

Yes. Give specific information about them.....

Debtor 1 Rosemary B Douglas
Debtor 2 Frederick G Douglas

Case number (if known)

Name of entity:

% of ownership:

20. Government and corporate bonds and other negotiable and non-negotiable instruments

Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders.
Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.

No

Yes. Give specific information about them

Issuer name:

21. Retirement or pension accounts

Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

No

Yes. List each account separately.

Type of account:

Institution name:

22. Security deposits and prepayments

Your share of all unused deposits you have made so that you may continue service or use from a company

Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

No

Yes.

Institution name or individual:

23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)

No

Yes..... Issuer name and description.

24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

No

Yes..... Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c):

25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit

No

Yes. Give specific information about them...

26. Patents, copyrights, trademarks, trade secrets, and other intellectual property

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

No

Yes. Give specific information about them...

27. Licenses, franchises, and other general intangibles

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

No

Yes. Give specific information about them...

Money or property owed to you?

**Current value of the portion you own?
Do not deduct secured claims or exemptions.**

28. Tax refunds owed to you

No

Yes. Give specific information about them, including whether you already filed the returns and the tax years.....

29. Family support

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

No

Yes. Give specific information.....

30. Other amounts someone owes you

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

No

Debtor 1 Rosemary B Douglas
Debtor 2 Frederick G Douglas

Case number (if known)

Yes. Give specific information..

31. **Interests in insurance policies**

Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

No

Yes. Name the insurance company of each policy and list its value.

Company name:

Beneficiary:

Surrender or refund value:

Term life through employer

\$0.00

32. **Any interest in property that is due you from someone who has died**

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

No

Yes. Give specific information..

33. **Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment**

Examples: Accidents, employment disputes, insurance claims, or rights to sue

No

Yes. Describe each claim.....

Debtor was in car accident June 2015. Her car damage was paid for and she does not intend to bring a lawsuit for any injuries.

\$0.00

34. **Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims**

No

Yes. Describe each claim.....

35. **Any financial assets you did not already list**

No

Yes. Give specific information..

36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here.....

\$700.00

Part 5: **Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.**

37. Do you own or have any legal or equitable interest in any business-related property?

No. Go to Part 6.

Yes. Go to line 38.

Part 6: **Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.**
If you own or have an interest in farmland, list it in Part 1.

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

No. Go to Part 7.

Yes. Go to line 47.

Current value of the portion you own?
Do not deduct secured claims or exemptions.

Part 7: **Describe All Property You Own or Have an Interest in That You Did Not List Above**

53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

No

Debtor 1 **Rosemary B Douglas**
Debtor 2 **Frederick G Douglas**

Case number (if known) _____

Yes. Give specific information.....

54. Add the dollar value of all of your entries from Part 7. Write that number here

\$0.00

Part 8: List the Totals of Each Part of this Form

| | | |
|--|-------------------|--|
| 55. Part 1: Total real estate, line 2 | | \$289,606.00 |
| 56. Part 2: Total vehicles, line 5 | \$2,000.00 | |
| 57. Part 3: Total personal and household items, line 15 | \$3,000.00 | |
| 58. Part 4: Total financial assets, line 36 | \$700.00 | |
| 59. Part 5: Total business-related property, line 45 | \$0.00 | |
| 60. Part 6: Total farm- and fishing-related property, line 52 | \$0.00 | |
| 61. Part 7: Total other property not listed, line 54 | \$0.00 | |
| + _____ | | |
| 62. Total personal property. Add lines 56 through 61... | \$5,700.00 | Copy personal property total \$5,700.00 |
| 63. Total of all property on Schedule A/B. Add line 55 + line 62 | | \$295,306.00 |

Fill in this information to identify your case:

| | | | |
|--|----------------------------|-------------|-----------|
| Debtor 1 | Rosemary B Douglas | | |
| | First Name | Middle Name | Last Name |
| Debtor 2 | Frederick G Douglas | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: <u>NORTHERN DISTRICT OF ILLINOIS</u> | | | |
| Case number (if known) _____ | | | |

Check if this is an amended filing

Official Form 106C**Schedule C: The Property You Claim as Exempt**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

- You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

| Brief description of the property and line on <i>Schedule A/B</i> that lists this property | Current value of the portion you own | Amount of the exemption you claim | Specific laws that allow exemption |
|--|--------------------------------------|--|------------------------------------|
| 2004 Nissan Quest 190,000 miles Line from <i>Schedule A/B</i> : 3.1 | \$2,000.00 | <input checked="" type="checkbox"/> \$2,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1001(c) |
| Personal possessions in home at liquidation value Line from <i>Schedule A/B</i> : 6.1 | \$1,700.00 | <input checked="" type="checkbox"/> \$1,700.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1001(b) |
| Golf clubs Line from <i>Schedule A/B</i> : 9.1 | \$200.00 | <input checked="" type="checkbox"/> \$200.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1001(b) |
| Personal clothing Line from <i>Schedule A/B</i> : 11.1 | \$800.00 | <input checked="" type="checkbox"/> \$800.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1001(a) |
| Wedding bands and costume jewelry Line from <i>Schedule A/B</i> : 12.1 | \$100.00 | <input checked="" type="checkbox"/> \$100.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1001(b) |

Debtor 1 Rosemary B Douglas
Debtor 2 Frederick G Douglas

Case number (if known)

| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own Copy the value from Schedule A/B | Amount of the exemption you claim Check only one box for each exemption. | Specific laws that allow exemption |
|---|--|---|------------------------------------|
| Snowblower Line from Schedule A/B: 14.1 | \$200.00 | <input checked="" type="checkbox"/> \$200.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1001(b) |
| Checking - Chase Bank Line from Schedule A/B: 17.1 | \$500.00 | <input checked="" type="checkbox"/> \$500.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1001(b) |
| SSI Debit Card Line from Schedule A/B: 17.2 | \$200.00 | <input checked="" type="checkbox"/> \$200.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1001(b) |
| Term life through employer Line from Schedule A/B: 31.1 | \$0.00 | <input checked="" type="checkbox"/> \$0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 215 ILCS 5/238 |
| Debtor was in car accident June 2015. Her car damage was paid for and she does not intend to bring a lawsuit for any injuries. Line from Schedule A/B: 33.1 | \$0.00 | <input checked="" type="checkbox"/> \$0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1001(h)(4) |

3. Are you claiming a homestead exemption of more than \$155,675?

(Subject to adjustment on 4/01/16 and every 3 years after that for cases filed on or after the date of adjustment.)

- No
 Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
 No
 Yes

Fill in this information to identify your case:

| | | | |
|--|----------------------------|-------------|-----------|
| Debtor 1 | Rosemary B Douglas | | |
| | First Name | Middle Name | Last Name |
| Debtor 2 | Frederick G Douglas | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: <u>NORTHERN DISTRICT OF ILLINOIS</u> | | | |
| Case number (if known) _____ | | | |

Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

- No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
- Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

| 2.1 | Specialized Loan Servi | Describe the property that secures the claim: | Column A Amount of claim Do not deduct the value of collateral. | Column B Value of collateral that supports this claim | Column C Unsecured portion If any |
|-----|--|---|---|--|---|
| | Creditor's Name Attn: Bankruptcy 8742 Lucent Blvd. Suite 300 Highlands Ranch, CO 80129 | Number, Street, City, State & Zip Code Single Family Residence - 1210 John Dr, Hoffman Estates IL (value per zillow 11/22/15 \$289,606) | \$415,088.00 | \$289,606.00 | \$125,482.00 |

Who owes the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim relates to a community debt

- As of the date you file, the claim is: Check all that apply.
 Contingent
 Unliquidated
 Disputed
- Nature of lien.** Check all that apply.
 An agreement you made (such as mortgage or secured car loan)
 Statutory lien (such as tax lien, mechanic's lien)
 Judgment lien from a lawsuit
 Other (including a right to offset) _____

Date debt was incurred **Opened
11/01/06
Last Active
2/16/15**

Last 4 digits of account number **7102**

Add the dollar value of your entries in Column A on this page. Write that number here:
 If this is the last page of your form, add the dollar value totals from all pages.
 Write that number here:

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Name Address
-NONE-

On which line in Part 1 did you enter the creditor?

Last 4 digits of account number _____

Fill in this information to identify your case:

| | | | |
|---|-------------------------------|-------------|-----------|
| Debtor 1 | Rosemary B Douglas | | |
| | First Name | Middle Name | Last Name |
| Debtor 2 | Frederick G Douglas | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: | NORTHERN DISTRICT OF ILLINOIS | | |
| Case number (if known) | | | |

Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

No. Go to Part 2.

Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

| | | Total claim | Priority amount | Nonpriority amount |
|-----|--|--|-----------------|----------------------|
| 2.1 | Internal Revenue Service - 1/11 | Last 4 digits of account number | \$ 20,000.00 | \$ 0.00 \$ 20,000.00 |
| | Priority Creditor's Name | | | |
| | PO Box 7346 | When was the debt incurred? | | |
| | Philadelphia, PA 19101-7346 | | | |
| | Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | | |
| | Who incurred the debt? Check one. | <input type="checkbox"/> Contingent | | |
| | <input type="checkbox"/> Debtor 1 only | <input type="checkbox"/> Unliquidated | | |
| | <input type="checkbox"/> Debtor 2 only | <input type="checkbox"/> Disputed | | |
| | <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only | <input type="checkbox"/> | | |
| | <input type="checkbox"/> At least one of the debtors and another | <input type="checkbox"/> | | |
| | <input type="checkbox"/> Check if this claim is for a community debt | Type of PRIORITY unsecured claim: | | |
| | Is the claim subject to offset? | <input type="checkbox"/> Domestic support obligations | | |
| | <input checked="" type="checkbox"/> No | <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government | | |
| | <input type="checkbox"/> Yes | <input type="checkbox"/> Claims for death or personal injury while you were intoxicated | | |
| | | <input type="checkbox"/> Other. Specify | | |
| | | 2009-2010 | | |

Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

No. You have nothing to report in this part. Submit this form to the court with your other schedules.

Yes.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

Total claim

Debtor 1 **Rosemary B Douglas**
 Debtor 2 **Frederick G Douglas**

Case number (if known) _____

| | | | |
|---|-------------------------------|--|--------------------|
| 4.1 | Activity Collection Se | Last 4 digits of account number 7753 | \$ 1,205.00 |
| Priority Creditor's Name 664 N Milwaukee Ave Prospect Heights, IL 60070 | | When was the debt incurred? Opened 8/01/14 | |
| Number Street City State Zip Code | | | |
| As of the date you file, the claim is: Check all that apply | | | |
| <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Collection Attorney Schaumburg Family Dental Clin | | | |
| Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |

| | | | |
|--|------------|--|------------------|
| 4.2 | ADT | Last 4 digits of account number 0253 | \$ 182.96 |
| Priority Creditor's Name PO Box 650485 Dallas, TX 75265 | | When was the debt incurred? | |
| Number Street City State Zip Code | | | |
| As of the date you file, the claim is: Check all that apply | | | |
| <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____ | | | |
| Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |

| | | | |
|--|---|---|--------------------|
| 4.3 | Advocate Health Care/Dr Indu M. Vence, M | Last 4 digits of account number fice | \$ 1,000.00 |
| Priority Creditor's Name PO Box 905 Mount Prospect, IL 60056 | | When was the debt incurred? | |
| Number Street City State Zip Code | | | |
| As of the date you file, the claim is: Check all that apply | | | |

Debtor 1 Rosemary B Douglas
Debtor 2 Frederick G Douglas

Case number (if known) _____

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
- Is the claim subject to offset?**
- No
 Yes

 Contingent Unliquidated Disputed**Type of NONPRIORITY unsecured claim:**

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify _____

4.4

Advocate Lutheran General Hospital

Priority Creditor's Name

**1775 Dempster St,
Park Ridge, IL 60068**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
- Is the claim subject to offset?**
- No
 Yes

Last 4 digits of account number **6525**\$ **125.00****When was the debt incurred?** _____**As of the date you file, the claim is:** Check all that apply

- Contingent
 Unliquidated
 Disputed
- Type of NONPRIORITY unsecured claim:**
- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Medical**

4.5

Advocate Lutheran General Hospital

Priority Creditor's Name

**PO Box 4249
Carol Stream, IL 60197**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
- Is the claim subject to offset?**
- No
 Yes

Last 4 digits of account number **3012**\$ **714.68****When was the debt incurred?** _____**As of the date you file, the claim is:** Check all that apply

- Contingent
 Unliquidated
 Disputed
- Type of NONPRIORITY unsecured claim:**
- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Medical**

4.6

Advocate Lutheran General Hospital

Priority Creditor's Name

Last 4 digits of account number _____

\$ **2,500.00**

Debtor 1 Rosemary B Douglas
Debtor 2 Frederick G Douglas

Case number (if known) _____

Park Ridge, IL 60068

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

When was the debt incurred? _____**As of the date you file, the claim is:** Check all that apply

- Contingent
 Unliquidated
 Disputed
Type of NONPRIORITY unsecured claim:
 Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **MEDICAL** _____

4.7

Advocate Medical GroupPriority Creditor's Name
PO Box 4249
Carol Stream, IL 60197
Number Street City State Zip Code**Who incurred the debt?** Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number **3348**\$ **942.16****When was the debt incurred?** _____**As of the date you file, the claim is:** Check all that apply

- Contingent
 Unliquidated
 Disputed
Type of NONPRIORITY unsecured claim:
 Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Medical** _____

4.8

Advocate Medical Group

Priority Creditor's Name

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number

\$ **0.00****When was the debt incurred?** _____**As of the date you file, the claim is:** Check all that apply

- Contingent
 Unliquidated
 Disputed
Type of NONPRIORITY unsecured claim:
 Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Medical** _____

4.9

Advocate Medical GroupLast 4 digits of account number **1031**\$ **232.00**

Debtor 1 **Rosemary B Douglas**
 Debtor 2 **Frederick G Douglas**

Case number (if known) _____

Priority Creditor's Name
**8550 W. Bryn Mawr Ave.,
 8th Floor
 Chicago, IL 60631**

Number Street City State Zip Code

When was the debt incurred? _____**As of the date you file, the claim is:** Check all that apply Contingent Unliquidated Disputed**Type of NONPRIORITY unsecured claim:** Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify **Medical** _____

4.10

Aetna /Macy's

Priority Creditor's Name

**PO Box 981106
 EL PASO, TX 79998**

Number Street City State Zip Code

Last 4 digits of account number **8751**\$ **1,000.00****When was the debt incurred?** _____**As of the date you file, the claim is:** Check all that apply Contingent Unliquidated Disputed**Type of NONPRIORITY unsecured claim:** Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify **Medical Reimbursement** _____

4.11

Alexian Brothers Health System

Priority Creditor's Name

**PO Box 361230
 Birmingham, AL 35236**

Number Street City State Zip Code

Last 4 digits of account number **9511**\$ **239.32****When was the debt incurred?** _____**As of the date you file, the claim is:** Check all that apply Contingent Unliquidated Disputed**Type of NONPRIORITY unsecured claim:** Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify _____

Debtor 1 **Rosemary B Douglas**
Debtor 2 **Frederick G Douglas**

Case number (if known) _____

| | | | | | |
|---|---------------------------------------|---------------------------------|-------------|----|-----------------|
| 4.12 | Alexian Brothers Health System | Last 4 digits of account number | 1042 | \$ | 1,142.24 |
| Priority Creditor's Name PO Box 361230 Birmingham, AL 35236 | | | | | |
| Number Street City State Zip Code | | | | | |
| Who incurred the debt? Check one. | | | | | |
| <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another | | | | | |
| <input type="checkbox"/> Check if this claim is for a community debt | | | | | |
| Is the claim subject to offset? | | | | | |
| <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | | | | |
| When was the debt incurred? As of the date you file, the claim is: Check all that apply | | | | | |
| <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____ | | | | | |
| Type of NONPRIORITY unsecured claim: | | | | | |
| | | | | | |
| | | | | | |

| | | | | | |
|---|---------------------------------------|---------------------------------|-------------|----|-----------------|
| 4.13 | Alexian Brothers Health System | Last 4 digits of account number | 3793 | \$ | 7,032.00 |
| Priority Creditor's Name PO Box 361230 Birmingham, AL 35236 | | | | | |
| Number Street City State Zip Code | | | | | |
| Who incurred the debt? Check one. | | | | | |
| <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another | | | | | |
| <input type="checkbox"/> Check if this claim is for a community debt | | | | | |
| Is the claim subject to offset? | | | | | |
| <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | | | | |
| When was the debt incurred? As of the date you file, the claim is: Check all that apply | | | | | |
| <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____ | | | | | |
| Type of NONPRIORITY unsecured claim: | | | | | |
| | | | | | |
| | | | | | |

| | | | | | |
|---|---------------------------------------|---------------------------------|-------------|----|--------------|
| 4.14 | Alexian Brothers Health System | Last 4 digits of account number | 6508 | \$ | 68.82 |
| Priority Creditor's Name PO Box 361230 Birmingham, AL 35236 | | | | | |
| Number Street City State Zip Code | | | | | |
| When was the debt incurred? | | | | | |
| As of the date you file, the claim is: Check all that apply | | | | | |

Debtor 1 **Rosemary B Douglas**
Debtor 2 **Frederick G Douglas**

Case number (if known) _____

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify _____

4.15 **Alexian Brothers Health System**

| | | |
|--|---|--------------------|
| Priority Creditor's Name 22589 Network Place Chicago, IL 60673 | Last 4 digits of account number 3013 | \$ 8,291.00 |
|--|---|--------------------|

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify _____

4.16 **American Express**

| | | |
|---|---|--------------------|
| Priority Creditor's Name PO Box 26312 Lehigh Valley, PA 18002 | Last 4 digits of account number 1000 | \$ 1,704.91 |
|---|---|--------------------|

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify _____

4.17 **American Express**

| | | |
|---|---|--------------------|
| Priority Creditor's Name PO Box 297858 Ft. Lauderdale, FL 33329 | Last 4 digits of account number 1007 | \$ 5,000.00 |
|---|---|--------------------|

Number Street City State Zip Code

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

Debtor 1 Rosemary B Douglas
Debtor 2 Frederick G Douglas

Case number (if known)

Who incurred the debt? Check one.

Contingent

Debtor 1 only

Debtor 2 only

Unliquidated

Debtor 1 and Debtor 2 only

Disputed

At least one of the debtors and another

Type of NONPRIORITY unsecured claim:

Student loans

Check if this claim is for a community debt

Obligations arising out of a separation agreement or divorce that you did not report as priority claims

Is the claim subject to offset?

Debts to pension or profit-sharing plans, and other similar debts

No

Other. Specify _____

Yes

4.18 **American General Financial/Springleaf Fi**

Priority Creditor's Name
Springleaf Financial/Attn: Bankruptcy De Po Box 3251 Evansville, IN 47731

Number Street City State Zip Code

Who incurred the debt? Check one.

Contingent

Debtor 1 only

Debtor 2 only

Unliquidated

Debtor 1 and Debtor 2 only

Disputed

At least one of the debtors and another

Type of NONPRIORITY unsecured claim:

Student loans

Check if this claim is for a community debt

Obligations arising out of a separation agreement or divorce that you did not report as priority claims

Is the claim subject to offset?

Debts to pension or profit-sharing plans, and other similar debts

No

Other. Specify _____

Yes

Secured

4.19 **American Profit Recovery**

Priority Creditor's Name
34405 West 12 Miles Road #379 Farmington Hills, MI 48331

Number Street City State Zip Code

Who incurred the debt? Check one.

Contingent

Debtor 1 only

Debtor 2 only

Unliquidated

Debtor 1 and Debtor 2 only

Disputed

At least one of the debtors and another

Type of NONPRIORITY unsecured claim:

Student loans

Check if this claim is for a community debt

Obligations arising out of a separation agreement or divorce that you did not report as priority claims

Is the claim subject to offset?

Debts to pension or profit-sharing plans, and other similar debts

No

Other. Specify _____

Yes

Collection Attorney Natural Way

Debtor 1 **Rosemary B Douglas**
Debtor 2 **Frederick G Douglas**

Case number (if known) _____

4.20 **Amex** Last 4 digits of account number **0843** \$ **5,536.00**

Priority Creditor's Name
Correspondence
Po Box 981540
EI Paso, TX 79998

Number Street City State Zip Code

Who incurred the debt? Check one.
 Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Check if this claim is for a community debt

Is the claim subject to offset?
 No
 Yes

When was the debt incurred? **Opened 4/17/04 Last Active 9/29/09**

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Credit Card**

4.21 **Amex** Last 4 digits of account number **2023** \$ **1,704.00**

Priority Creditor's Name
Correspondence
Po Box 981540
EI Paso, TX 79998

Number Street City State Zip Code

Who incurred the debt? Check one.
 Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Check if this claim is for a community debt

Is the claim subject to offset?
 No
 Yes

When was the debt incurred? **Opened 11/28/04 Last Active 9/29/09**

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Credit Card**

4.22 **Ann Taylor/Ann Taylor Loft** Last 4 digits of account number _____ \$ **2,000.00**

Priority Creditor's Name
4079 Executive Parkway
3rd Floor
Westerville, OH 43081

Number Street City State Zip Code

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

Debtor 1 **Rosemary B Douglas**
Debtor 2 **Frederick G Douglas**

Case number (if known) _____

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
- Is the claim subject to offset?**
- No
 Yes

 Contingent Unliquidated Disputed**Type of NONPRIORITY unsecured claim:**

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

 Other. Specify _____**Credit Card**

4.23

AT&TPriority Creditor's Name
PO Box 6416
Carol Stream, IL 60197

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
- Is the claim subject to offset?**
- No
 Yes

Last 4 digits of account number **6774**\$ **1,154.81****When was the debt incurred?****As of the date you file, the claim is:** Check all that apply

- Contingent
 Unliquidated
 Disputed
- Type of NONPRIORITY unsecured claim:**
- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

 Other. Specify _____

4.24

AT&TPriority Creditor's Name
PO Box 3910
Tupelo, MS 38803

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
- Is the claim subject to offset?**
- No
 Yes

Last 4 digits of account number **0374**\$ **2,073.33****When was the debt incurred?****As of the date you file, the claim is:** Check all that apply

- Contingent
 Unliquidated
 Disputed
- Type of NONPRIORITY unsecured claim:**
- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

 Other. Specify _____

4.25

Atg CreditPriority Creditor's Name
1700 W Cortland St Ste 2
Chicago, IL 60622

Number Street City State Zip Code

Last 4 digits of account number **9640**\$ **200.00****When was the debt incurred?** **Opened 2/01/13****As of the date you file, the claim is:** Check all that apply

Debtor 1 Rosemary B Douglas
Debtor 2 Frederick G Douglas

Case number (if known) _____

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only

 Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt**Is the claim subject to offset?** No Yes Contingent Unliquidated Disputed**Type of NONPRIORITY unsecured claim:** Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify _____**Collection Attorney Bassam Matar Md**

4.26

Atg Credit

Priority Creditor's Name

**1700 W Cortland St Ste 2
Chicago, IL 60622**

Number Street City State Zip Code

Last 4 digits of account number **7566**

\$

57.00When was the debt incurred? **Opened 6/01/11****Who incurred the debt? Check one.**

- Debtor 1 only
 Debtor 2 only

 Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt**Is the claim subject to offset?** No Yes Contingent Unliquidated Disputed**Type of NONPRIORITY unsecured claim:** Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify _____**Collection Attorney Dr. Ismael Lee Chuy
M.D.**

4.27

Athletico

Priority Creditor's Name

**709 Enterprise Drive
Oak Brook, IL 60523**

Number Street City State Zip Code

Last 4 digits of account number **6576**

\$

3,383.92

When was the debt incurred? _____

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only

 Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt**Is the claim subject to offset?** No Yes Contingent Unliquidated Disputed**Type of NONPRIORITY unsecured claim:** Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify _____**Medical**

4.28

Bank Of America

Priority Creditor's Name

Last 4 digits of account number **6239**

\$

0.00

Debtor 1 Rosemary B Douglas
 Debtor 2 Frederick G Douglas

Case number (if known) _____

Correspondence FL-1-908-01-49
Po Box 31785
Tampa, FL 33631

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

When was the debt incurred?**Opened 11/01/06 Last Active 6/29/12****As of the date you file, the claim is:** Check all that apply

- Contingent
 Unliquidated
 Disputed
Type of NONPRIORITY unsecured claim:
 Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Real Estate Mortgage**

4.29

Bank of America, Schaumburg Illinois

Priority Creditor's Name
800 E Higgins Road
Schaumburg, IL 60173

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

Last 4 digits of account number _____\$ **2,000.00****When was the debt incurred?** _____**As of the date you file, the claim is:** Check all that apply

- Contingent
 Unliquidated
 Disputed
Type of NONPRIORITY unsecured claim:
 Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Checking**

4.30

Bassam Matar MD SC

Priority Creditor's Name
5131 N. Lincoln Ave.
Chicago, IL 60625

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

Last 4 digits of account number **2417**\$ **200.00****When was the debt incurred?** _____**As of the date you file, the claim is:** Check all that apply

- Contingent
 Unliquidated
 Disputed
Type of NONPRIORITY unsecured claim:
 Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify _____

Debtor 1 **Rosemary B Douglas**
 Debtor 2 **Frederick G Douglas**

Case number (if known) _____

| | |
|--|---|
| <div style="border: 1px solid black; padding: 2px;">4.31</div> Biehl & Biehl, Inc. Priority Creditor's Name 325 E. Fullerton Ave. Carol Stream, IL 60188 Number Street City State Zip Code | Last 4 digits of account number 0711 \$ 75.89 When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____ |
| Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
| <div style="border: 1px solid black; padding: 2px;">4.32</div> BMO / Harris Bank Priority Creditor's Name 1400 Gannon Drive Hoffman Estates, IL 60169 Number Street City State Zip Code | |
| Last 4 digits of account number _____ \$ 2,500.00 When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Checking _____ | |
| Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
| <div style="border: 1px solid black; padding: 2px;">4.33</div> Budget Lawn & Maintenance Priority Creditor's Name 2860 River Road Suite 200 Des Plaines, IL 60018 Number Street City State Zip Code | |
| Last 4 digits of account number 6644 \$ 933.39 When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply | |

Debtor 1 **Rosemary B Douglas**
Debtor 2 **Frederick G Douglas**

Case number (if known) _____

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
- Is the claim subject to offset?**
- No
 Yes

 Contingent Unliquidated Disputed**Type of NONPRIORITY unsecured claim:**

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify _____

4.34 **Calvary Portfolio Services** Last 4 digits of account number 8629 \$ 2,320.00

Priority Creditor's Name

**500 Summit Lake Dr
Ste 400
Valhalla, NY 10595**

Number Street City State Zip Code

When was the debt incurred?

Opened 8/01/12**As of the date you file, the claim is:** Check all that apply

- Contingent
 Unliquidated
 Disputed
- Type of NONPRIORITY unsecured claim:**
- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify _____

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
- Is the claim subject to offset?**
- No
 Yes

Collection Attorney Citibank4.35 **Capital One** Last 4 digits of account number 5360 \$ 5,662.00

Priority Creditor's Name

**Attn: Bankruptcy
Po Box 30285
Salt Lake City, UT 84130**

Number Street City State Zip Code

When was the debt incurred?

Opened 8/01/97 Last Active 5/22/12**As of the date you file, the claim is:** Check all that apply

- Contingent
 Unliquidated
 Disputed
- Type of NONPRIORITY unsecured claim:**
- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify _____

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
- Is the claim subject to offset?**

 No Yes**Credit Card**4.36 **Capital One** Last 4 digits of account number 2429 \$ 330.00

Priority Creditor's Name

Debtor 1 **Rosemary B Douglas**
Debtor 2 **Frederick G Douglas**

Case number (if known)

**Attn: Bankruptcy
Po Box 30285
Salt Lake City, UT 84130**

Number Street City State Zip Code

When was the debt incurred?

**Opened 5/01/10 Last
Active 9/09/15**

As of the date you file, the claim is: Check all that apply

 Contingent Unliquidated Disputed**Type of NONPRIORITY unsecured claim:** Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify **Credit Card**

4.37

Capital One

Priority Creditor's Name

**Attn: Bankruptcy
Pob 30253
Salt Lake City, UT 84130**

Number Street City State Zip Code

Last 4 digits of account number **5139**\$ **0.00****Opened 5/04/10 Last
Active 1/23/11**

As of the date you file, the claim is: Check all that apply

 Contingent Unliquidated Disputed**Type of NONPRIORITY unsecured claim:** Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify **Credit Card**

4.38

Capital One

Priority Creditor's Name

**Attn: Bankruptcy
Po Box 30285
Salt Lake City, UT 84130**

Number Street City State Zip Code

Last 4 digits of account number **8860**\$ **0.00****Opened 4/12/02 Last
Active 8/03/09**

As of the date you file, the claim is: Check all that apply

 Contingent Unliquidated Disputed**Type of NONPRIORITY unsecured claim:** Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify **Credit Card**

Debtor 1 **Rosemary B Douglas**
Debtor 2 **Frederick G Douglas**

Case number (if known) _____

| | | | |
|--|--|---|---------------------|
| 4.39 | Capital One Bank Priority Creditor's Name 8875 Aero Drive Suite 200 San Diego, CA 92123 Number Street City State Zip Code | Last 4 digits of account number 8860 | \$ 17,750.45 |
| When was the debt incurred? _____ | | | |
| As of the date you file, the claim is: Check all that apply | | | |
| <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | | | |
| Type of NONPRIORITY unsecured claim: | | | |
| <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____ | | | |
| Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another | | | |
| Check if this claim is for a community debt <input type="checkbox"/> | | | |
| Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | | |

| | | | |
|--|--|---|--------------------|
| 4.40 | Capital One Bank Priority Creditor's Name 8875 Aero Drive Suite 200 San Diego, CA 92123 Number Street City State Zip Code | Last 4 digits of account number 2429 | \$ 3,000.00 |
| When was the debt incurred? _____ | | | |
| As of the date you file, the claim is: Check all that apply | | | |
| <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | | | |
| Type of NONPRIORITY unsecured claim: | | | |
| <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____ | | | |
| Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another | | | |
| Check if this claim is for a community debt <input type="checkbox"/> | | | |
| Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | | |

| | | | |
|--|---|---|---------------------|
| 4.41 | Capital One Bank/mcm Midland Credit Mgmt Priority Creditor's Name 2365 Northside Drive Suite 300 San Diego, CA 92108 Number Street City State Zip Code | Last 4 digits of account number 8860 | \$ 21,268.57 |
| When was the debt incurred? _____ | | | |
| As of the date you file, the claim is: Check all that apply | | | |

Debtor 1 Rosemary B Douglas
Debtor 2 Frederick G Douglas

Case number (if known) _____

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
- Is the claim subject to offset?**
- No
 Yes

 Contingent Unliquidated Disputed**Type of NONPRIORITY unsecured claim:**

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify _____

4.42

CapitalOne

Priority Creditor's Name

**PO Box 71083
Charlotte, NC 28272**

Number Street City State Zip Code

Last 4 digits of account number **5360**\$ **5,844.37****When was the debt incurred?** _____**As of the date you file, the claim is:** Check all that apply

- Contingent
 Unliquidated
 Disputed
- Type of NONPRIORITY unsecured claim:**
- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify _____

4.43

Cardiovascular Associate at ABHVI

Priority Creditor's Name

**25883 Network Place
Chicago, IL 60673**

Number Street City State Zip Code

Last 4 digits of account number **7459**\$ **33.90****When was the debt incurred?** _____**As of the date you file, the claim is:** Check all that apply

- Contingent
 Unliquidated
 Disputed
- Type of NONPRIORITY unsecured claim:**
- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify _____

4.44

Cda/pontiac

Priority Creditor's Name

Last 4 digits of account number **7430**\$ **123.00**

Debtor 1 **Rosemary B Douglas**
 Debtor 2 **Frederick G Douglas**

Case number (if known) _____

**Attn:Bankruptcy
 Po Box 213
 Streator, IL 61364**

Number Street City State Zip Code

When was the debt incurred? Opened 2/01/13

As of the date you file, the claim is: Check all that apply

Contingent

Unliquidated

Disputed

Type of NONPRIORITY unsecured claim:

Student loans

Obligations arising out of a separation agreement or divorce that you did not report as priority claims

Debts to pension or profit-sharing plans, and other similar debts

Other. Specify

**Collection Attorney Radiological
 Consultants Of Wo**

4.45

Charter One

Priority Creditor's Name

**po box 7000
 Providence, RI 02940**

Number Street City State Zip Code

Last 4 digits of account number **5251**

\$ **1,257.01**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent

Unliquidated

Disputed

Type of NONPRIORITY unsecured claim:

Student loans

Obligations arising out of a separation agreement or divorce that you did not report as priority claims

Debts to pension or profit-sharing plans, and other similar debts

Other. Specify

4.46

Chase Bank

Priority Creditor's Name

**Attn: Bankruptcy
 Po Box 15298
 Wilmington, DE 19850**

Number Street City State Zip Code

Last 4 digits of account number **9406**

\$ **0.00**

When was the debt incurred? Opened 7/01/02 Last
 Active 12/16/06

As of the date you file, the claim is: Check all that apply

Debtor 1 Rosemary B Douglas
Debtor 2 Frederick G Douglas

Case number (if known) _____

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
- Is the claim subject to offset?**
- No
 Yes

 Contingent Unliquidated Disputed**Type of NONPRIORITY unsecured claim:**

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

 Other. Specify**Unsecured**

4.47

Chase Bank USA, N.A.

Priority Creditor's Name

**2365 Northside Drive
Suite 300
San Diego, CA 92108**

Number Street City State Zip Code

Last 4 digits of account number

4730

\$

10,258.37**When was the debt incurred?****As of the date you file, the claim is:** Check all that apply

- Contingent
 Unliquidated
 Disputed
- Type of NONPRIORITY unsecured claim:**
- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

 Other. Specify**credit card**

4.48

Chase Card Services

Priority Creditor's Name

**Attn: Correspondence Dept
Po Box 15298
Wilmington, DE 19850**

Number Street City State Zip Code

Last 4 digits of account number

0836

\$

0.00**Opened 6/01/00 Last Active 7/30/09****As of the date you file, the claim is:** Check all that apply

- Contingent
 Unliquidated
 Disputed
- Type of NONPRIORITY unsecured claim:**
- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

 Other. Specify**Credit Card**

4.49

Chase Card Services

Priority Creditor's Name

Last 4 digits of account number

4732

\$

0.00

Debtor 1 Rosemary B Douglas

Debtor 2 Frederick G Douglas

Case number (if known)

**Attn: Correspondence Dept
Po Box 15298
Wilmington, DE 19850**

Number Street City State Zip Code

When was the debt incurred?

Opened 12/13/07 Last Active 6/05/09

As of the date you file, the claim is: Check all that apply

 Contingent Unliquidated Disputed**Type of NONPRIORITY unsecured claim:** Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify **Credit Card**

4.50

Chase Card Services

Priority Creditor's Name

**Attn: Correspondence Dept
Po Box 15298
Wilmington, DE 19850**

Number Street City State Zip Code

Last 4 digits of account number **7334**\$ **0.00****Opened 3/20/00 Last Active 4/14/09**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

 Contingent Unliquidated Disputed**Type of NONPRIORITY unsecured claim:** Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify **Credit Card**

4.51

Chicago Magazine

Priority Creditor's Name

**PO Box 433007
Palm Coast, FL 32143**

Number Street City State Zip Code

Last 4 digits of account number **7015**\$ **10.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

 Contingent Unliquidated Disputed**Type of NONPRIORITY unsecured claim:** Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify

Debtor 1 Rosemary B Douglas
Debtor 2 Frederick G Douglas

Case number (if known)

| | | | | | |
|--|-------------------------------|---------------------------------|-------------|----|------------------|
| 4.52 | Citi Cards | Last 4 digits of account number | 1230 | \$ | 5,000.00 |
| Priority Creditor's Name PO Box 183071 Columbus, OH 43218 | | | | | |
| Number Street City State Zip Code | | | | | |
| Who incurred the debt? Check one. | | | | | |
| <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another | | | | | |
| Check if this claim is for a community debt | | | | | |
| Is the claim subject to offset? | | | | | |
| <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | | | | |
| Credit Card | | | | | |
| 4.53 | CitiBank NA MasterCard | Last 4 digits of account number | 3148 | \$ | 11,212.12 |
| Priority Creditor's Name JAF Station, PO Box 2770 New York, NY 10116 | | | | | |
| Number Street City State Zip Code | | | | | |
| Who incurred the debt? Check one. | | | | | |
| <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another | | | | | |
| Check if this claim is for a community debt | | | | | |
| Is the claim subject to offset? | | | | | |
| <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | | | | |
| Credit Card | | | | | |
| 4.54 | CitiBank NA MasterCard | Last 4 digits of account number | 8057 | \$ | 14,473.83 |
| Priority Creditor's Name 300 International Drive PMB #10015 Williamsville, NY 14221 | | | | | |
| Number Street City State Zip Code | | | | | |
| As of the date you file, the claim is: Check all that apply | | | | | |

Debtor 1 Rosemary B Douglas
Debtor 2 Frederick G Douglas

Case number (if known) _____

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
- Is the claim subject to offset?**
- No
 Yes

 Contingent Unliquidated Disputed**Type of NONPRIORITY unsecured claim:**

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify _____

4.55

Citibank/Sears

Priority Creditor's Name

**Citicorp Credit/Centralized
Bankruptcy
Po Box 790040
Saint Louis, MO 63179**

Number Street City State Zip Code

Last 4 digits of account number

3620

\$

0.00**Opened 12/01/76 Last Active 11/20/01****When was the debt incurred?****As of the date you file, the claim is: Check all that apply**

- Contingent
 Unliquidated
 Disputed
- Type of NONPRIORITY unsecured claim:**
- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

 Other. Specify _____**Charge Account**

4.56

Citizens Bank

Priority Creditor's Name

**6 Manor Parkway
Salem, NH 03079**

Number Street City State Zip Code

Last 4 digits of account number

5251

\$

660.51**When was the debt incurred?****As of the date you file, the claim is: Check all that apply**

- Contingent
 Unliquidated
 Disputed
- Type of NONPRIORITY unsecured claim:**
- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

 Other. Specify _____

4.57

**Compass Healthcare
Consultants**

Priority Creditor's Name

Last 4 digits of account number

4298

\$

14.91

Debtor 1 Rosemary B Douglas
Debtor 2 Frederick G Douglas

Case number (if known) _____

po box 71626
Chicago, IL 71626
Number Street City State Zip Code**Who incurred the debt?** Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

When was the debt incurred? _____**As of the date you file, the claim is:** Check all that apply

- Contingent
 Unliquidated
 Disputed
 Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify _____

4.58

Compass Healthcare ConsultantsPriority Creditor's Name
PO BOX 71626
Chicago, IL 60694
Number Street City State Zip Code**Who incurred the debt?** Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

Last 4 digits of account number **4298**\$ **32.06****When was the debt incurred?** _____**As of the date you file, the claim is:** Check all that apply

- Contingent
 Unliquidated
 Disputed
 Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify _____

4.59

Consolidated Health Plans, Inc.Priority Creditor's Name
2077 Roosevelt Ave
Springfield, MA 01104
Number Street City State Zip Code**Who incurred the debt?** Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

Last 4 digits of account number **7538**\$ **1,000.00****When was the debt incurred?** _____**As of the date you file, the claim is:** Check all that apply

- Contingent
 Unliquidated
 Disputed
 Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify _____

Debtor 1 **Rosemary B Douglas**
 Debtor 2 **Frederick G Douglas**

Case number (if known) _____

| | | | |
|---|--|---|------------------|
| 4.60 | ConsumerReports Priority Creditor's Name PO Box 2073 Harlan, IA 51593 Number Street City State Zip Code | Last 4 digits of account number 9799 | \$ 20.00 |
| When was the debt incurred? _____ | | | |
| As of the date you file, the claim is: Check all that apply | | | |
| <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____ | | | |
| Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| <hr/> | | | |
| 4.61 | Convergent Outsourcing, Inc Priority Creditor's Name Po Box 9004 Renton, WA 98057 Number Street City State Zip Code | Last 4 digits of account number 1803 | \$ 937.00 |
| When was the debt incurred? Opened 4/01/14 | | | |
| As of the date you file, the claim is: Check all that apply | | | |
| <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Collection Attorney Comcast | | | |
| Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| <hr/> | | | |
| 4.62 | Convergent Outsourcing, Inc Priority Creditor's Name Po Box 9004 Renton, WA 98057 Number Street City State Zip Code | Last 4 digits of account number 7314 | \$ 321.00 |
| When was the debt incurred? Opened 3/01/14 | | | |
| As of the date you file, the claim is: Check all that apply | | | |
| <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Collection Attorney Directv | | | |
| Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | | |

Debtor 1 **Rosemary B Douglas**
Debtor 2 **Frederick G Douglas**

Case number (if known) _____

| | | | |
|---|-------------------------------|---|------------------|
| 4.63 | Cr Serv Of Or | Last 4 digits of account number 8395 | \$ 78.00 |
| Priority Creditor's Name Po Box 1208 Roseburg, OR 97470 | | When was the debt incurred? Opened 1/01/15 | |
| As of the date you file, the claim is: Check all that apply | | | |
| <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Collection Attorney Consumer Cellular | | | |
| Who incurred the debt? Check one. | | | |
| <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt | | | |
| Is the claim subject to offset? | | | |
| <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| | | | |
| 4.64 | Credit Collections Svc | Last 4 digits of account number 7510 | \$ 102.00 |
| Priority Creditor's Name Po Box 773 Needham, MA 02494 | | When was the debt incurred? | |
| As of the date you file, the claim is: Check all that apply | | | |
| <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify 06 Sentry Insurance Group | | | |
| Who incurred the debt? Check one. | | | |
| <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt | | | |
| Is the claim subject to offset? | | | |
| <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| | | | |
| 4.65 | Credit Control, LLC | Last 4 digits of account number 3561 | \$ 558.00 |
| Priority Creditor's Name PO Box 100 Hazelwood, MO 63042 | | When was the debt incurred? | |
| As of the date you file, the claim is: Check all that apply | | | |
| <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card | | | |
| Who incurred the debt? Check one. | | | |
| <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt | | | |
| Is the claim subject to offset? | | | |
| <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | | |

Debtor 1 Rosemary B Douglas
Debtor 2 Frederick G Douglas

Case number (if known) _____

| | | | |
|------|---|---|----------------|
| 4.66 | Credit One Bank Na Priority Creditor's Name Po Box 98873 Las Vegas, NV 89193 Number Street City State Zip Code | Last 4 digits of account number 9117 | \$ 0.00 |
| | When was the debt incurred? Opened 7/17/12 Last Active 9/29/13 | | |
| | As of the date you file, the claim is: Check all that apply | | |
| | <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card | | |
| | Who incurred the debt? Check one. | | |
| | <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another | | |
| | Check if this claim is for a community debt | | |
| | Is the claim subject to offset? | | |
| | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | |
|------|--|---|------------------|
| 4.67 | Credit One Bank, N.A. Priority Creditor's Name PO Box 60578 Los Angeles, CA 90060 Number Street City State Zip Code | Last 4 digits of account number 9117 | \$ 723.23 |
| | When was the debt incurred? | | |
| | As of the date you file, the claim is: Check all that apply | | |
| | <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____ | | |
| | Who incurred the debt? Check one. | | |
| | <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another | | |
| | Check if this claim is for a community debt | | |
| | Is the claim subject to offset? | | |
| | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | |
|------|--|---|------------------|
| 4.68 | Credit One Bank, NA Priority Creditor's Name 2365 Northside Drove Suite 300 San Diego, CA 92108 Number Street City State Zip Code | Last 4 digits of account number 9117 | \$ 723.23 |
| | When was the debt incurred? | | |
| | As of the date you file, the claim is: Check all that apply | | |

Debtor 1 **Rosemary B Douglas**
Debtor 2 **Frederick G Douglas**

Case number (if known) _____

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
- Is the claim subject to offset?**
- No
 Yes

 Contingent Unliquidated Disputed**Type of NONPRIORITY unsecured claim:**

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

 Other. Specify _____**Credit Card**

4.69

Daily Herald

Priority Creditor's Name

**PO Box 66463
Chicago, IL 60666**

Number Street City State Zip Code

Last 4 digits of account number **3032**

\$ _____

75.89**When was the debt incurred?** _____**As of the date you file, the claim is:** Check all that apply

- Contingent
 Unliquidated
 Disputed
- Type of NONPRIORITY unsecured claim:**
- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

 Other. Specify _____

4.70

DePaul University

Priority Creditor's Name

**1 East Jackson Blvd
Chicago, IL 60604**

Number Street City State Zip Code

Last 4 digits of account number _____

\$ _____

1,600.00**When was the debt incurred?** _____**As of the date you file, the claim is:** Check all that apply

- Contingent
 Unliquidated
 Disputed
- Type of NONPRIORITY unsecured claim:**
- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

 Other. Specify _____**Tuition**

4.71

Direct TV

Priority Creditor's Name

**PO BOX 9001069
Louisville, KY 40290**

Number Street City State Zip Code

Last 4 digits of account number **6662**

\$ _____

500.00**When was the debt incurred?** _____**As of the date you file, the claim is:** Check all that apply

Debtor 1 **Rosemary B Douglas**
 Debtor 2 **Frederick G Douglas**

Case number (if known) _____

Who incurred the debt? Check one.

- Debtor 1 only
 - Debtor 2 only
 - Debtor 1 and Debtor 2 only
 - At least one of the debtors and another
 - Check if this claim is for a community debt**
- Is the claim subject to offset?**
- No
 - Yes

 Contingent Unliquidated Disputed**Type of NONPRIORITY unsecured claim:**

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify _____

4.72

Dr Radha Belagani MD/Advocate Health Car

Priority Creditor's Name

**825 E. Golf Road
Arlington Heights, IL 60005**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
 - Debtor 2 only
 - Debtor 1 and Debtor 2 only
 - At least one of the debtors and another
 - Check if this claim is for a community debt**
- Is the claim subject to offset?**
- No
 - Yes

Last 4 digits of account number _____ \$ **5,000.00**

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

- Contingent
- Unliquidated
- Disputed
- Type of NONPRIORITY unsecured claim:**
- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify _____

MEDICAL

4.73

Dsnb Macys

Priority Creditor's Name

**Macy's Bankruptcy Department
Po Box 8053
Mason, OH 45040**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
 - Debtor 2 only
 - Debtor 1 and Debtor 2 only
 - At least one of the debtors and another
 - Check if this claim is for a community debt**
- Is the claim subject to offset?**
- No
 - Yes

Last 4 digits of account number **6730** \$ **0.00****Opened 3/01/01 Last Active 2/07/07****As of the date you file, the claim is: Check all that apply**

- Contingent
- Unliquidated
- Disputed
- Type of NONPRIORITY unsecured claim:**
- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify _____

Charge Account

4.74

Dsnb Macys

Priority Creditor's Name

Last 4 digits of account number **4670**\$ **0.00**

Debtor 1 Rosemary B Douglas
Debtor 2 Frederick G Douglas

Case number (if known) _____

Macys Bankruptcy Department
Po Box 8053
Mason, OH 45040

Number Street City State Zip Code

When was the debt incurred?

Opened 12/01/88 Last Active 4/06/11

As of the date you file, the claim is: Check all that apply

 Contingent Unliquidated Disputed

Type of NONPRIORITY unsecured claim:

 Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify **Charge Account**

Who incurred the debt? Check one.

 Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt

Is the claim subject to offset?

 No Yes

4.75

Eos Cca

Priority Creditor's Name

Po Box 981008**Boston, MA 02298**

Number Street City State Zip Code

Last 4 digits of account number

8492

\$

388.00

When was the debt incurred?

Opened 8/01/12

As of the date you file, the claim is: Check all that apply

 Contingent Unliquidated Disputed

Type of NONPRIORITY unsecured claim:

 Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify **Collection Attorney At T Mobility**

Who incurred the debt? Check one.

 Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt

Is the claim subject to offset?

 No Yes

4.76

ERC/Enhanced Recovery Corp

Priority Creditor's Name

8014 Bayberry Rd**Jacksonville, FL 32256**

Number Street City State Zip Code

Last 4 digits of account number

7325

\$

1,155.00

When was the debt incurred?

Opened 12/01/14

As of the date you file, the claim is: Check all that apply

 Contingent Unliquidated Disputed

Type of NONPRIORITY unsecured claim:

 Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify **Collection Attorney At T**

Debtor 1 Rosemary B Douglas
Debtor 2 Frederick G Douglas

Case number (if known)

4.77

| | | | |
|--|--|----|---------------|
| Express Cash Mart of IL, LLC | Last 4 digits of account number | \$ | 730.49 |
| Priority Creditor's Name PO Box 5598 Elgin, IL 60123 | When was the debt incurred? | | |
| Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | | |
| Who incurred the debt? Check one. | <input type="checkbox"/> Contingent | | |
| <input type="checkbox"/> Debtor 1 only | <input type="checkbox"/> Unliquidated | | |
| <input type="checkbox"/> Debtor 2 only | <input type="checkbox"/> Disputed | | |
| <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only | <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | |
| <input type="checkbox"/> At least one of the debtors and another | <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts | | |
| <input type="checkbox"/> Check if this claim is for a community debt | <input type="checkbox"/> Student loans | | |
| Is the claim subject to offset? | <input checked="" type="checkbox"/> Other. Specify Loan | | |
| <input checked="" type="checkbox"/> No | | | |
| <input type="checkbox"/> Yes | | | |

4.78

| | | | |
|--|--|----|-----------------|
| FFCC-Columbus Inc | Last 4 digits of account number | \$ | 1,587.00 |
| Priority Creditor's Name Attn:Bankruptcy Po Box 20790 Columbus, OH 43220 | When was the debt incurred? Opened 4/01/11 | | |
| Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | | |
| Who incurred the debt? Check one. | <input type="checkbox"/> Contingent | | |
| <input type="checkbox"/> Debtor 1 only | <input type="checkbox"/> Unliquidated | | |
| <input checked="" type="checkbox"/> Debtor 2 only | <input type="checkbox"/> Disputed | | |
| <input type="checkbox"/> Debtor 1 and Debtor 2 only | <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | |
| <input type="checkbox"/> At least one of the debtors and another | <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts | | |
| <input type="checkbox"/> Check if this claim is for a community debt | <input type="checkbox"/> Student loans | | |
| Is the claim subject to offset? | <input checked="" type="checkbox"/> Other. Specify Collection Attorney Northwest Health Care Assoc | | |
| <input checked="" type="checkbox"/> No | | | |
| <input type="checkbox"/> Yes | | | |

4.79

| | | | |
|--|---|----|---------------|
| FFCC-Columbus Inc | Last 4 digits of account number | \$ | 102.00 |
| Priority Creditor's Name Attn:Bankruptcy Po Box 20790 Columbus, OH 43220 | When was the debt incurred? Opened 10/01/12 | | |
| Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | | |

Debtor 1 Rosemary B Douglas
Debtor 2 Frederick G Douglas

Case number (if known) _____

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only

- Debtor 1 and Debtor 2 only
 At least one of the debtors and another

- Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

 Contingent Unliquidated Disputed**Type of NONPRIORITY unsecured claim:**

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

- Other. Specify

Collection Attorney Northwest Health Care Assoc4.80 **First Premier Bank** Last 4 digits of account number **4812** \$ **448.00**

Priority Creditor's Name

3820 N Louise Ave Sioux Falls, SD 57107

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only

- Debtor 1 and Debtor 2 only
 At least one of the debtors and another

- Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

 Contingent Unliquidated Disputed**Type of NONPRIORITY unsecured claim:**

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

- Other. Specify

Credit Card4.81 **First Premier Bank** Last 4 digits of account number **7521** \$ **276.00**

Priority Creditor's Name

3820 N Louise Ave Sioux Falls, SD 57107

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only

- Debtor 1 and Debtor 2 only
 At least one of the debtors and another

- Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

 Contingent Unliquidated Disputed**Type of NONPRIORITY unsecured claim:**

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

- Other. Specify

Credit Card4.82 **First Premier Bank** Last 4 digits of account number **3458** \$ **294.73**

Priority Creditor's Name

Debtor 1 Rosemary B Douglas
Debtor 2 Frederick G Douglas

Case number (if known) _____

PO Box 5529
Sioux Falls, SD 57117
Number Street City State Zip Code**Who incurred the debt?** Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
- No
 Yes

When was the debt incurred? _____**As of the date you file, the claim is:** Check all that apply

- Contingent
 Unliquidated
 Disputed
Type of NONPRIORITY unsecured claim:
- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify _____

4.83

First Premier BankPriority Creditor's Name
PO Box 5529
Sioux Falls, SD 57117
Number Street City State Zip Code**Who incurred the debt?** Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
- No
 Yes

Last 4 digits of account number **5026**\$ **350.92****When was the debt incurred?** _____**As of the date you file, the claim is:** Check all that apply

- Contingent
 Unliquidated
 Disputed
Type of NONPRIORITY unsecured claim:
- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify _____

4.84

First Premier BankPriority Creditor's Name
PO Box 5529
Sioux Falls, SD 57117
Number Street City State Zip Code**Who incurred the debt?** Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
- No
 Yes

Last 4 digits of account number **4812**\$ **500.00****When was the debt incurred?** _____**As of the date you file, the claim is:** Check all that apply

- Contingent
 Unliquidated
 Disputed
Type of NONPRIORITY unsecured claim:
- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify _____

4.85

FMS INCLast 4 digits of account number **9417**\$ **1,200.65**

Debtor 1 **Rosemary B Douglas**
 Debtor 2 **Frederick G Douglas**

Case number (if known) _____

Priority Creditor's Name
PO BOX 707601
TULSA, OK 74170

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only

 Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt**Is the claim subject to offset?**

- No
 Yes

When was the debt incurred? _____**As of the date you file, the claim is:** Check all that apply Contingent Unliquidated Disputed**Type of NONPRIORITY unsecured claim:** Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify _____**Credit Card**

4.86

Geico

Priority Creditor's Name

ONE GEICO PLAZA
Bethesda, MD 20811

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only

 Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt**Is the claim subject to offset?**

- No
 Yes

Last 4 digits of account number **1699**\$ **118.36****When was the debt incurred?** _____**As of the date you file, the claim is:** Check all that apply Contingent Unliquidated Disputed**Type of NONPRIORITY unsecured claim:** Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify _____**Car Insurance**

4.87

Ginnys/Swiss Colony Inc

Priority Creditor's Name

Attn: Bankruptcy
1112 7th Ave
Monroe, WI 53566

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only

 Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt**Is the claim subject to offset?**

- No
 Yes

Last 4 digits of account number **2570**\$ **368.00****When was the debt incurred?** **Opened 11/01/98 Last Active 2/09/11****As of the date you file, the claim is:** Check all that apply Contingent Unliquidated Disputed**Type of NONPRIORITY unsecured claim:** Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify _____**Charge Account**

Debtor 1 **Rosemary B Douglas**
 Debtor 2 **Frederick G Douglas**

Case number (if known) _____

4.88

| | | |
|---|--|-----------------|
| Guideposts | Last 4 digits of account number 9766 | \$ 10.94 |
| Priority Creditor's Name PO Box 5831 Harlan, IA 51593 | When was the debt incurred? _____ | |
| Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| Who incurred the debt? Check one. | <input type="checkbox"/> Contingent | |
| <input type="checkbox"/> Debtor 1 only | <input type="checkbox"/> Unliquidated | |
| <input type="checkbox"/> Debtor 2 only | <input type="checkbox"/> Disputed | |
| <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| <input type="checkbox"/> At least one of the debtors and another | <input type="checkbox"/> Student loans | |
| <input type="checkbox"/> Check if this claim is for a community debt | <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| Is the claim subject to offset? | <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts | |
| <input checked="" type="checkbox"/> No | <input checked="" type="checkbox"/> Other. Specify _____ | |
| <input type="checkbox"/> Yes | | |

4.89

| | | |
|---|--|-----------------|
| Hoffman Estates Surgery Center, LLC | Last 4 digits of account number 9609 | \$ 70.16 |
| Priority Creditor's Name 1555 Barrington Road Suite 400 Hoffman Estates, IL 60169 | When was the debt incurred? _____ | |
| Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| Who incurred the debt? Check one. | <input type="checkbox"/> Contingent | |
| <input type="checkbox"/> Debtor 1 only | <input type="checkbox"/> Unliquidated | |
| <input type="checkbox"/> Debtor 2 only | <input type="checkbox"/> Disputed | |
| <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| <input type="checkbox"/> At least one of the debtors and another | <input type="checkbox"/> Student loans | |
| <input type="checkbox"/> Check if this claim is for a community debt | <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| Is the claim subject to offset? | <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts | |
| <input checked="" type="checkbox"/> No | <input checked="" type="checkbox"/> Other. Specify _____ | |
| <input type="checkbox"/> Yes | | |

4.90

| | | |
|---|---|----------------|
| hsbc/carsn | Last 4 digits of account number 7161 | \$ 0.00 |
| Priority Creditor's Name Attention: HSBC Retail Services Po Box 5264 Carol Stream, IL 60197 | When was the debt incurred? Opened 1/01/02 Last Active 9/23/08 | |
| Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |

Debtor 1 Rosemary B Douglas
Debtor 2 Frederick G Douglas

Case number (if known) _____

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
- Is the claim subject to offset?**
- No
 Yes

 Contingent Unliquidated Disputed**Type of NONPRIORITY unsecured claim:**

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

 Other. Specify _____**Charge Account**

4.91

Indu M. Vence MD SCPriority Creditor's Name
800 E Woodfield Road
#101
Schaumburg, IL

Number Street City State Zip Code

Last 4 digits of account number _____ \$ **1,500.00****When was the debt incurred?****As of the date you file, the claim is:** Check all that apply

- Contingent
 Unliquidated
 Disputed
- Type of NONPRIORITY unsecured claim:**
- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

 Other. Specify _____

4.92

J.C.Christensen & Associates, Inc.Priority Creditor's Name
P.O.Box 519
Sauk Rapids, MN 56379

Number Street City State Zip Code

Last 4 digits of account number **0574** \$ **588.34****When was the debt incurred?****As of the date you file, the claim is:** Check all that apply

- Contingent
 Unliquidated
 Disputed
- Type of NONPRIORITY unsecured claim:**
- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

 Other. Specify _____**Credit Card**

4.93

Jefferson Capital Systems, LLC

Priority Creditor's Name

Last 4 digits of account number **5003** \$ **399.00**

Debtor 1 Rosemary B Douglas
Debtor 2 Frederick G Douglas

Case number (if known) _____

**16 Mcleland Rd
Saint Cloud, MN 56303**

Number Street City State Zip Code

When was the debt incurred? Opened 2/01/15**As of the date you file, the claim is:** Check all that apply Contingent Unliquidated Disputed**Type of NONPRIORITY unsecured claim:** Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify **Factoring Company Account Bank Of America Checking**4.94 **Kare Hospital Medicine** \$ 46.34

Priority Creditor's Name

PO Box 967**Tinley Park, IL 60477**

Number Street City State Zip Code

Last 4 digits of account number **2542****Who incurred the debt?** Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt**Is the claim subject to offset?** No Yes**When was the debt incurred?****As of the date you file, the claim is:** Check all that apply Contingent Unliquidated Disputed**Type of NONPRIORITY unsecured claim:** Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify **Medical**4.95 **Kare Hospital Medicine** \$ 46.34

Priority Creditor's Name

PO Box 967**Tinley Park, IL 60477**

Number Street City State Zip Code

Last 4 digits of account number **2542****Who incurred the debt?** Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt**Is the claim subject to offset?** No Yes**When was the debt incurred?****As of the date you file, the claim is:** Check all that apply Contingent Unliquidated Disputed**Type of NONPRIORITY unsecured claim:** Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify

Debtor 1 **Rosemary B Douglas**
Debtor 2 **Frederick G Douglas**

Case number (if known) _____

| | | |
|--|---|------------------|
| 4.96 Kohls Priority Creditor's Name 1209 4th Ave. South - Dept PRO Nashville, TN 37210 Number Street City State Zip Code | Last 4 digits of account number 4863 | \$ 607.55 |
|--|---|------------------|

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

When was the debt incurred? _____**As of the date you file, the claim is:** Check all that apply

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify _____

| | | |
|---|---|------------------|
| 4.97 Kohls/Capital One Priority Creditor's Name Po Box 3120 Milwaukee, WI 53201 Number Street City State Zip Code | Last 4 digits of account number 2744 | \$ 607.00 |
|---|---|------------------|

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

When was the debt incurred? _____**Opened 9/01/86 Last Active 5/06/12****As of the date you file, the claim is:** Check all that apply

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

Other. Specify **Charge Account** _____

| | | |
|--|---|-----------------|
| 4.98 labcorp Priority Creditor's Name po box 2240 burlington, NC 27216 Number Street City State Zip Code | Last 4 digits of account number 7722 | \$ 53.22 |
|--|---|-----------------|

When was the debt incurred? _____**As of the date you file, the claim is:** Check all that apply

Debtor 1 **Rosemary B Douglas**
 Debtor 2 **Frederick G Douglas**

Case number (if known) _____

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt**
- Is the claim subject to offset?**
- No
- Yes

Contingent

Unliquidated

Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify **medical**

4.99

Legal Services Plan

Priority Creditor's Name

PO Box 3574

Akron, oh 44309

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt**
- Is the claim subject to offset?**
- No
- Yes

Last 4 digits of account number **9964**

\$ **224.85**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- Contingent
- Unliquidated
- Disputed
- Type of NONPRIORITY unsecured claim:**
- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify **medical**

4.10
0

Lord & Taylor

Priority Creditor's Name

4 Woodfield Mall

Schaumburg, IL 60173

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt**
- Is the claim subject to offset?**
- No
- Yes

Last 4 digits of account number

\$ **2,000.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- Contingent
- Unliquidated
- Disputed
- Type of NONPRIORITY unsecured claim:**
- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify **Credit Card**

4.10
1

Loyola Medicine

Priority Creditor's Name

2160 S. 1st Ave

Maywood, IL 60153

Last 4 digits of account number

\$ **10,000.00**

When was the debt incurred?

Debtor 1 **Rosemary B Douglas**
Debtor 2 **Frederick G Douglas**

Case number (if known) _____

Number Street City State Zip Code

As of the date you file, the claim is: Check all that apply**Who incurred the debt?** Check one.

- Debtor 1 only
 Debtor 2 only

 Debtor 1 and Debtor 2 only At least one of the debtors and another **Check if this claim is for a community debt****Is the claim subject to offset?** No Yes Contingent Unliquidated Disputed**Type of NONPRIORITY unsecured claim:** Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify _____4.10
2**Lvvn Funding Llc**

Priority Creditor's Name

**Po Box 10497
Greenville, SC 29603**

Number Street City State Zip Code

Last 4 digits of account number **3573**\$ **588.00**When was the debt incurred? **Opened 6/01/12****Who incurred the debt?** Check one.

- Debtor 1 only
 Debtor 2 only

 Debtor 1 and Debtor 2 only At least one of the debtors and another **Check if this claim is for a community debt****Is the claim subject to offset?** No Yes**As of the date you file, the claim is:** Check all that apply Contingent Unliquidated Disputed**Type of NONPRIORITY unsecured claim:** Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify **Factoring Company Account Wells Fargo Bank N.A.**4.10
3**Lvvn Funding Llc**

Priority Creditor's Name

**Po Box 10497
Greenville, SC 29603**

Number Street City State Zip Code

Last 4 digits of account number **5549**\$ **634.00**When was the debt incurred? **Opened 4/01/10 Last Active 10/05/10****Who incurred the debt?** Check one.

- Debtor 1 only
 Debtor 2 only

 Debtor 1 and Debtor 2 only At least one of the debtors and another **Check if this claim is for a community debt****Is the claim subject to offset?** No Yes**As of the date you file, the claim is:** Check all that apply Contingent Unliquidated Disputed**Type of NONPRIORITY unsecured claim:** Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify **Factoring Company Account Citibank South Dakota N.A.**

Debtor 1 **Rosemary B Douglas**
Debtor 2 **Frederick G Douglas**

Case number (if known) _____

4.10
4

| | | | | |
|---|--|-------------|----|--------------|
| Macy's | Last 4 digits of account number | 3500 | \$ | 66.25 |
| Priority Creditor's Name PO Box 183083 Columbus, OH 43218 | When was the debt incurred? | | | |
| Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | | | |
| Who incurred the debt? Check one. | <input type="checkbox"/> Contingent | | | |
| <input type="checkbox"/> Debtor 1 only | <input type="checkbox"/> Unliquidated | | | |
| <input type="checkbox"/> Debtor 2 only | <input type="checkbox"/> Disputed | | | |
| <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only | Type of NONPRIORITY unsecured claim: | | | |
| <input type="checkbox"/> At least one of the debtors and another | <input type="checkbox"/> Student loans | | | |
| <input type="checkbox"/> Check if this claim is for a community debt | <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | | |
| Is the claim subject to offset? | <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts | | | |
| <input checked="" type="checkbox"/> No | <input checked="" type="checkbox"/> Other. Specify Credit Card | | | |
| <input type="checkbox"/> Yes | | | | |

4.10
5

| | | | | |
|---|--|--|----|-----------------|
| Marshall Fields/Macy's | Last 4 digits of account number | | \$ | 5,000.00 |
| Priority Creditor's Name PO Box 183083 Columbus, OH 43218 | When was the debt incurred? | | | |
| Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | | | |
| Who incurred the debt? Check one. | <input type="checkbox"/> Contingent | | | |
| <input type="checkbox"/> Debtor 1 only | <input type="checkbox"/> Unliquidated | | | |
| <input type="checkbox"/> Debtor 2 only | <input type="checkbox"/> Disputed | | | |
| <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only | Type of NONPRIORITY unsecured claim: | | | |
| <input type="checkbox"/> At least one of the debtors and another | <input type="checkbox"/> Student loans | | | |
| <input type="checkbox"/> Check if this claim is for a community debt | <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | | |
| Is the claim subject to offset? | <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts | | | |
| <input checked="" type="checkbox"/> No | <input checked="" type="checkbox"/> Other. Specify Credit Card | | | |
| <input type="checkbox"/> Yes | | | | |

4.10
6

| | | | | |
|---|---|-------------|----|---------------|
| Max & A.J.'s Landscaping, Inc. | Last 4 digits of account number | 2501 | \$ | 130.00 |
| Priority Creditor's Name 53 E. Berkley Lane Hoffman Estates, IL 60169 | When was the debt incurred? | | | |
| Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | | | |

Debtor 1 Rosemary B Douglas
Debtor 2 Frederick G Douglas

Case number (if known) _____

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
- Is the claim subject to offset?**
- No
 Yes

 Contingent Unliquidated Disputed**Type of NONPRIORITY unsecured claim:**

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify _____

4.10
7**MCM, Inc.**Priority Creditor's Name
8875 Aero Drive
Suite 200
San Diego, CA 92123

Number Street City State Zip Code

Last 4 digits of account number **9117**\$ **723.23****When was the debt incurred?** _____**As of the date you file, the claim is:** Check all that apply

- Contingent
 Unliquidated
 Disputed
 Type of NONPRIORITY unsecured claim:
 Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Credit Card** _____

4.10
8**Med Business Bureau**Priority Creditor's Name
Po Box 1219
Park Ridge, IL 60068

Number Street City State Zip Code

Last 4 digits of account number **7858**\$ **121.00****When was the debt incurred?** **Opened 7/01/14****As of the date you file, the claim is:** Check all that apply

- Contingent
 Unliquidated
 Disputed
 Type of NONPRIORITY unsecured claim:
 Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Collection Attorney Med1 02 Park Ridge Anesthesiology** _____

4.10
9**Medical Center Anesthesia**

Priority Creditor's Name

Last 4 digits of account number **9609**\$ **28.53**

Debtor 1 **Rosemary B Douglas**
 Debtor 2 **Frederick G Douglas**

Case number (if known) _____

**po box 661361
 Chicago, IL 60666**
 Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

- Contingent
 Unliquidated
 Disputed
Type of NONPRIORITY unsecured claim:
 Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify _____

4.11
 0

Merchants Cr

Priority Creditor's Name
**223 W. Jackson Blvd.
 Suite 400
 Chicago, IL 60606**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

Last 4 digits of account number **0312**

\$ **775.00**

When was the debt incurred? **Opened 6/01/11**

As of the date you file, the claim is: Check all that apply

- Contingent
 Unliquidated
 Disputed
Type of NONPRIORITY unsecured claim:
 Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Collection Attorney Northwest Neurology**

4.11
 1

Midland Funding

Priority Creditor's Name
**2365 Northside Dr
 Suite 300
 San Diego, CA 92108**

Number Street City State Zip Code

Last 4 digits of account number **9419**

\$ **21,269.00**

When was the debt incurred? **Opened 3/01/10**

As of the date you file, the claim is: Check all that apply

Debtor 1 Rosemary B Douglas
Debtor 2 Frederick G Douglas

Case number (if known) _____

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

 Contingent Unliquidated Disputed**Type of NONPRIORITY unsecured claim:**

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

 Other. Specify**Factoring Company Account Capital One Bank**4.11
2**Midland Funding**

Priority Creditor's Name

**2365 Northside Dr
Suite 300
San Diego, CA 92108**

Number Street City State Zip Code

Last 4 digits of account number

9745

\$

10,258.00

When was the debt incurred?

Opened 2/01/11**As of the date you file, the claim is: Check all that apply**

- Contingent
 Debtor 2 only
 Unliquidated
 Disputed
Type of NONPRIORITY unsecured claim:
 Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

 Other. Specify**Factoring Company Account Chase Bank Usa N.A.**4.11
3**Midland Funding**

Priority Creditor's Name

**2365 Northside Dr
Suite 300
San Diego, CA 92108**

Number Street City State Zip Code

Last 4 digits of account number

7558

\$

2,395.00

When was the debt incurred?

Opened 2/01/12**As of the date you file, the claim is: Check all that apply**

- Contingent
 Debtor 2 only
 Unliquidated
 Disputed
Type of NONPRIORITY unsecured claim:
 Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

 Other. Specify**Factoring Company Account Webbank**4.11
4**Midland Funding**

Last 4 digits of account number

2056

\$

723.00

Debtor 1 **Rosemary B Douglas**
Debtor 2 **Frederick G Douglas**

Case number (if known) _____

Priority Creditor's Name

**2365 Northside Dr
Suite 300
San Diego, CA 92108**

Number Street City State Zip Code

When was the debt incurred?

Opened 5/01/14

As of the date you file, the claim is: Check all that apply

 Contingent Unliquidated Disputed

Type of NONPRIORITY unsecured claim:

 Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify**Factoring Company Account Credit One
Bank N.A.**4.11
5**Murphy Lomon & Assoc**

Priority Creditor's Name

**2860 S River Rd Ste 200
Des Plaines, IL 60018**

Number Street City State Zip Code

Last 4 digits of account number

6644

\$

0.00

When was the debt incurred?

Opened 5/01/15

As of the date you file, the claim is: Check all that apply

 Contingent Unliquidated Disputed

Type of NONPRIORITY unsecured claim:

 Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify**Collection Attorney Budget Lawn And
Maintenance**4.11
6**Natural Way Chicago**

Priority Creditor's Name

**2235 Hammond Drive
Unit A
Schaumburg, IL 60173**

Number Street City State Zip Code

Last 4 digits of account number

3877

\$

76.84

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Debtor 1 Rosemary B Douglas
Debtor 2 Frederick G Douglas

Case number (if known) _____

Who incurred the debt? Check one.

Debtor 1 only

Debtor 2 only

Debtor 1 and Debtor 2 only

At least one of the debtors and another

Check if this claim is for a community debt

Is the claim subject to offset?

No

Yes

Contingent

Unliquidated

Disputed

Type of NONPRIORITY unsecured claim:

Student loans

Obligations arising out of a separation agreement or divorce that you did not report as priority claims

Debts to pension or profit-sharing plans, and other similar debts

Other. Specify _____

4.11
7

Nordstroms
Priority Creditor's Name
PO Box 79134
Phoenix, AZ 85062
Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only

Debtor 2 only

Debtor 1 and Debtor 2 only

At least one of the debtors and another

Check if this claim is for a community debt

Is the claim subject to offset?

No

Yes

Last 4 digits of account number _____ \$ **3,000.00**

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

Contingent

Unliquidated

Disputed

Type of NONPRIORITY unsecured claim:

Student loans

Obligations arising out of a separation agreement or divorce that you did not report as priority claims

Debts to pension or profit-sharing plans, and other similar debts

Other. Specify _____

Credit Card _____

4.11
8

Northwest Health Care Associates
Priority Creditor's Name
PO Box 20790
Columbus, OH 43220
Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only

Debtor 2 only

Debtor 1 and Debtor 2 only

At least one of the debtors and another

Check if this claim is for a community debt

Is the claim subject to offset?

No

Yes

Last 4 digits of account number **4615** \$ **102.24**

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

Contingent

Unliquidated

Disputed

Type of NONPRIORITY unsecured claim:

Student loans

Obligations arising out of a separation agreement or divorce that you did not report as priority claims

Debts to pension or profit-sharing plans, and other similar debts

Other. Specify _____

4.11
9

Northwest Health Care Associates
Priority Creditor's Name

Last 4 digits of account number **1538** \$ **102.24**

Debtor 1 Rosemary B Douglas
Debtor 2 Frederick G Douglas

Case number (if known) _____

**2500 W. Higgins
Suite 505
Hoffman Estates, IL 60169**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
- Is the claim subject to offset?**
- No
 Yes

When was the debt incurred? _____**As of the date you file, the claim is:** Check all that apply

- Contingent
 Unliquidated
 Disputed
- Type of NONPRIORITY unsecured claim:**
- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify _____

4.12
0**Northwestern Hospital**Priority Creditor's Name
**P.O. Box 34433
Seattle, WA 98124**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
- Is the claim subject to offset?**
- No
 Yes

Last 4 digits of account number _____\$ **10,000.00****When was the debt incurred?** _____**As of the date you file, the claim is:** Check all that apply

- Contingent
 Unliquidated
 Disputed
- Type of NONPRIORITY unsecured claim:**
- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify _____

4.12
1**NPC/National City Bank**Priority Creditor's Name
**6211 Delmar
St. Louis, MO 63130**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
- Is the claim subject to offset?**
- No
 Yes

Last 4 digits of account number **2547** _____\$ **250.00****When was the debt incurred?** _____**As of the date you file, the claim is:** Check all that apply

- Contingent
 Unliquidated
 Disputed
- Type of NONPRIORITY unsecured claim:**
- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Checking** _____

Debtor 1 Rosemary B Douglas
Debtor 2 Frederick G Douglas

Case number (if known)

**4.12
2**

| | | |
|---|---|----------------|
| Onemain Financial Priority Creditor's Name 6801 Colwell Blvd Ntsb-2320 Irving, TX 75039 Number Street City State Zip Code | Last 4 digits of account number 4259 | \$ 0.00 |
| When was the debt incurred? Opened 6/01/06 Last Active 12/09/06 | | |
| As of the date you file, the claim is: Check all that apply | | |
| <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt | | |
| Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |
| <input type="checkbox"/> Disputed <input type="checkbox"/> Unliquidated <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Unsecured | | |

**4.12
3**

| | | |
|---|---|----------------|
| Onemain Financial Priority Creditor's Name 6801 Colwell Blvd Ntsb-2320 Irving, TX 75039 Number Street City State Zip Code | Last 4 digits of account number 4943 | \$ 0.00 |
| When was the debt incurred? Opened 7/01/08 Last Active 10/21/08 | | |
| As of the date you file, the claim is: Check all that apply | | |
| <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt | | |
| Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |
| <input type="checkbox"/> Disputed <input type="checkbox"/> Unliquidated <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Unsecured | | |

**4.12
4**

| | | |
|--|---|----------------|
| Onemain Financial Priority Creditor's Name 6801 Colwell Blvd Ntsb-2320 Irving, TX 75039 Number Street City State Zip Code | Last 4 digits of account number 5628 | \$ 0.00 |
| When was the debt incurred? Opened 8/23/07 Last Active 7/24/08 | | |
| As of the date you file, the claim is: Check all that apply | | |

Debtor 1 Rosemary B Douglas
Debtor 2 Frederick G Douglas

Case number (if known) _____

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt**
- Is the claim subject to offset?**
- No
- Yes

 Contingent Unliquidated Disputed**Type of NONPRIORITY unsecured claim:**

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts

 Other. Specify _____**Unsecured**4.12
5**Onemain Financial**

Priority Creditor's Name

**6801 Colwell Blvd
Ntsb-2320
Irving, TX 75039**

Number Street City State Zip Code

Last 4 digits of account number

7841

\$

0.00**Opened 6/22/04 Last Active 6/23/06****As of the date you file, the claim is:** Check all that apply

- Contingent
- Unliquidated
- Disputed
- Type of NONPRIORITY unsecured claim:**
- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts

 Other. Specify _____**Unsecured**4.12
6**Orchard Bank Platinum MasterCard**

Priority Creditor's Name

**PO Box 88000
Baltimore, MD 21288**

Number Street City State Zip Code

Last 4 digits of account number

7138

\$

364.88**When was the debt incurred?****As of the date you file, the claim is:** Check all that apply

- Contingent
- Unliquidated
- Disputed
- Type of NONPRIORITY unsecured claim:**
- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts

 Other. Specify _____4.12
7**Park Ridge Anesthesiology**

Priority Creditor's Name

Last 4 digits of account number

7858

\$

106.64

Debtor 1 Rosemary B Douglas
Debtor 2 Frederick G Douglas

Case number (if known) _____

PO BOX 1123
Jackson, MI 49204

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

When was the debt incurred? _____**As of the date you file, the claim is:** Check all that apply

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

Medical _____4.12
8**Pellettieri**

Priority Creditor's Name

991 Oak Creek Dr
Lombard, IL 60148

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

Last 4 digits of account number **9300**\$ **80.00****When was the debt incurred?** _____**As of the date you file, the claim is:** Check all that apply

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

Med1 02 St Alexius Med Ctr _____4.12
9**Pellettieri**

Priority Creditor's Name

991 Oak Creek Dr
Lombard, IL 60148

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

Last 4 digits of account number **9418**\$ **65.00****When was the debt incurred?** _____**As of the date you file, the claim is:** Check all that apply

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

Med1 02 St Alexius Med Ctr _____

Debtor 1 Rosemary B Douglas
Debtor 2 Frederick G Douglas

Case number (if known)

| | | | | | |
|---|---------------------------|---------------------------------|------|----|----------|
| 4.13 0 | Portfolio Recovery | Last 4 digits of account number | 8531 | \$ | 1,538.00 |
| Priority Creditor's Name | | | | | |
| Attn: Bankruptcy | | | | | |
| Po Box 41067 | | | | | |
| Norfolk, VA 23541 | | | | | |
| Number Street City State Zip Code | | | | | |
| As of the date you file, the claim is: Check all that apply | | | | | |
| <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt | | | | | |
| Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts | | | | | |
| Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | | | | |
| Factoring Company Account World Financial Network Bank | | | | | |

| | | | | | |
|---|--------------------|---------------------------------|------|----|--------|
| 4.13 1 | Prof PI Svc | Last 4 digits of account number | 1746 | \$ | 784.00 |
| Priority Creditor's Name | | | | | |
| Attn: Crissy | | | | | |
| Po Box 612 | | | | | |
| Milwaukee, WI 53201 | | | | | |
| Number Street City State Zip Code | | | | | |
| As of the date you file, the claim is: Check all that apply | | | | | |
| <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt | | | | | |
| Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts | | | | | |
| Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | | | | |
| Collection Attorney Village Of Schaumburg | | | | | |

| | | | | | |
|--|---------------------|---------------------------------|------|----|--------|
| 4.13 2 | Prompt Recov | Last 4 digits of account number | 5013 | \$ | 358.00 |
| Priority Creditor's Name | | | | | |
| Po Box 940 | | | | | |
| Twinsburg, OH 44087 | | | | | |
| Number Street City State Zip Code | | | | | |
| As of the date you file, the claim is: Check all that apply | | | | | |

Debtor 1 Rosemary B Douglas
Debtor 2 Frederick G Douglas

Case number (if known) _____

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
- Is the claim subject to offset?**
- No
 Yes

 Contingent Unliquidated Disputed**Type of NONPRIORITY unsecured claim:**

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **01 Davey Tree Expert Co**

4.13
3**Quest Diagnostics**Priority Creditor's Name
1355 Mittel Blvd.
Wooddale, IL 60191

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
- Is the claim subject to offset?**
- No
 Yes

Last 4 digits of account number **8742**\$ **155.77****When was the debt incurred?** _____**As of the date you file, the claim is:** Check all that apply

- Contingent
 Unliquidated
 Disputed
- Type of NONPRIORITY unsecured claim:**
- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify _____

4.13
4**Raeke's Lawrence Service**Priority Creditor's Name
537 S. Highland Ave.
Arlington Heights, IL 60005

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
- Is the claim subject to offset?**
- No
 Yes

Last 4 digits of account number **1301**\$ **60.00****When was the debt incurred?** _____**As of the date you file, the claim is:** Check all that apply

- Contingent
 Unliquidated
 Disputed
- Type of NONPRIORITY unsecured claim:**
- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify _____

4.13
5**Raiological Consultants of Woodstock**

Priority Creditor's Name

Last 4 digits of account number **6886**\$ **181.00**

Debtor 1 Rosemary B Douglas
Debtor 2 Frederick G Douglas

Case number (if known) _____

**9410 Compubill Drive
Orland Park, IL 60462**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

When was the debt incurred? _____**As of the date you file, the claim is:** Check all that apply

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

Medical _____4.13
6**Raiological Consultants of Woodstock**Priority Creditor's Name
**9410 Compubill Drive
Orland Park, IL 60462**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

Last 4 digits of account number **861E** _____\$ **24.70****When was the debt incurred?** _____**As of the date you file, the claim is:** Check all that apply

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

Medical _____4.13
7**RIC**Priority Creditor's Name
**345 E. Superior St
Chicago, IL 60611**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

Last 4 digits of account number _____

\$ **10,000.00****When was the debt incurred?** _____**As of the date you file, the claim is:** Check all that apply

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

Medical _____

Debtor 1 Rosemary B Douglas
Debtor 2 Frederick G Douglas

Case number (if known)

4.13
8

| | | | | |
|--|---------------------------------|--|----|-------------|
| Sams Club/GEMB | Last 4 digits of account number | 6013 | \$ | 0.00 |
| Priority Creditor's Name | | | | |
| Attention: Bankruptcy | When was the debt incurred? | Opened 5/01/74 Last Active 11/20/01 | | |
| Department | | | | |
| Po Box 103104 | | | | |
| Roswell, GA 30076 | | | | |
| Number Street City State Zip Code | | | | |
| As of the date you file, the claim is: Check all that apply | | | | |
| <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | | | |
| Charge Account | | | | |

4.13
9

| | | | | |
|--|---------------------------------|-------------|----|-----------------|
| Schaumburg Dental | Last 4 digits of account number | 8500 | \$ | 4,279.35 |
| Priority Creditor's Name | | | | |
| 650 East Higgins Road | When was the debt incurred? | | | |
| Suite 3 West | | | | |
| Schaumburg, IL 60173 | | | | |
| Number Street City State Zip Code | | | | |
| As of the date you file, the claim is: Check all that apply | | | | |
| <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | | | |
| Dentist | | | | |

4.14
0

| | | | | |
|--|---------------------------------|--|----|-----------------|
| Sears | Last 4 digits of account number | | \$ | 1,000.00 |
| Priority Creditor's Name | | | | |
| PO Box 183081 | When was the debt incurred? | | | |
| Columbus, OH 43218 | | | | |
| Number Street City State Zip Code | | | | |
| As of the date you file, the claim is: Check all that apply | | | | |

Debtor 1 Rosemary B Douglas
Debtor 2 Frederick G Douglas

Case number (if known) _____

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
- Is the claim subject to offset?**
- No
 Yes

 Contingent Unliquidated Disputed**Type of NONPRIORITY unsecured claim:**

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

 Other. Specify _____**Credit Card** _____4.14
1**Seventh Avenue**

Priority Creditor's Name

**PO BOX 53566
Monroe, WI 53566**

Number Street City State Zip Code

Last 4 digits of account number **1012**\$ **2,500.00****When was the debt incurred?** _____**As of the date you file, the claim is:** Check all that apply

- Contingent
 Unliquidated
 Disputed
- Type of NONPRIORITY unsecured claim:**
- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

 Other. Specify _____**Who incurred the debt?** Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
- Is the claim subject to offset?**
- No
 Yes

4.14
2**Shell**

Priority Creditor's Name

**PO BOX 183018
Columbus, oh 43218**

Number Street City State Zip Code

Last 4 digits of account number **6018**\$ **2,082.82****When was the debt incurred?** _____**As of the date you file, the claim is:** Check all that apply

- Contingent
 Unliquidated
 Disputed
- Type of NONPRIORITY unsecured claim:**
- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

 Other. Specify _____4.14
3**Shell**

Priority Creditor's Name

Last 4 digits of account number **6018**\$ **2,250.58**

Debtor 1 **Rosemary B Douglas**
Debtor 2 **Frederick G Douglas**

Case number (if known) _____

**5757 Phantom Drive
Suite 330
Hazelwood, MO 63042**

Number Street City State Zip Code

When was the debt incurred? _____**Who incurred the debt?** Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
- No
 Yes

As of the date you file, the claim is: Check all that apply

- Contingent
 Unliquidated
 Disputed
- Type of NONPRIORITY unsecured claim:**
- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify _____

4.14
4**Sherman Physician Group, Inc.**Priority Creditor's Name
**1435 North Randall Road
Suite 106
Elgin, IL 60123**

Number Street City State Zip Code

Last 4 digits of account number

4713

\$

5.00**When was the debt incurred?** _____

- Who incurred the debt?** Check one.
- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
- No
 Yes

As of the date you file, the claim is: Check all that apply

- Contingent
 Unliquidated
 Disputed
- Type of NONPRIORITY unsecured claim:**
- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify _____

4.14
5**Snchnfin**Priority Creditor's Name
**2 Transam Plaza Dr
Oak Brook Terr, IL 60181**

Number Street City State Zip Code

Last 4 digits of account number

0437

\$

150.00**When was the debt incurred?** _____**As of the date you file, the claim is:** Check all that apply

Debtor 1 Rosemary B Douglas
Debtor 2 Frederick G Douglas

Case number (if known) _____

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
- Is the claim subject to offset?**
- No
 Yes

 Contingent Unliquidated Disputed**Type of NONPRIORITY unsecured claim:**

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **04 Village Of Hoffman Estates**

4.14
6**St. Alexian Brothers / St. Alexian Medic**

Priority Creditor's Name

**22589 Network Place
Chicago, IL 60673**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
- Is the claim subject to offset?**
- No
 Yes

 Last 4 digits of account number **2978**\$ **65.00****When was the debt incurred?** _____**As of the date you file, the claim is:** Check all that apply

- Contingent
 Unliquidated
 Disputed
- Type of NONPRIORITY unsecured claim:**
- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify _____

4.14
7**St. Alexian Brothers / St. Alexian Medic**

Priority Creditor's Name

**22589 Network Place
Chicago, IL 60673**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
- Is the claim subject to offset?**
- No
 Yes

 Last 4 digits of account number **1168**\$ **354.00****When was the debt incurred?** _____**As of the date you file, the claim is:** Check all that apply

- Contingent
 Unliquidated
 Disputed
- Type of NONPRIORITY unsecured claim:**
- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Medical**

4.14
8**St. Alexian Brothers / St. Alexian Medic**

Priority Creditor's Name

 Last 4 digits of account number **7597**\$ **17.00**

Debtor 1 Rosemary B Douglas
Debtor 2 Frederick G Douglas

Case number (if known) _____

**22589 Network Place
Chicago, IL 60673**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only

- Debtor 1 and Debtor 2 only

- At least one of the debtors and another

- Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

When was the debt incurred? _____**As of the date you file, the claim is:** Check all that apply

- Contingent
 Unliquidated

- Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify _____

4.14
9**St. Alexian Brothers / St. Alexian Medic**

Priority Creditor's Name

**22589 Network Place
Chicago, IL 60673**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only

- Debtor 1 and Debtor 2 only

- At least one of the debtors and another

- Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

Last 4 digits of account number **0697**\$ **65.00****When was the debt incurred?** _____**As of the date you file, the claim is:** Check all that apply

- Contingent
 Unliquidated

- Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify _____

4.15
0**St. Alexian Brothers / St. Alexian Medic**

Priority Creditor's Name

**22589 Network Place
Chicago, IL 60673**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only

- Debtor 1 and Debtor 2 only

- At least one of the debtors and another

- Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

Last 4 digits of account number **9825**\$ **13.00****When was the debt incurred?** _____**As of the date you file, the claim is:** Check all that apply

- Contingent
 Unliquidated

- Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify _____

Debtor 1 **Rosemary B Douglas**
Debtor 2 **Frederick G Douglas**

Case number (if known) _____

4.15
1

| | | |
|--|--|-----------------|
| St. Alexian Brothers / St. Alexian Medic | Last 4 digits of account number 8925 | \$ 65.00 |
| Priority Creditor's Name 22589 Network Place Chicago, IL 60673 | When was the debt incurred? _____ | |
| Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| Who incurred the debt? Check one. | <input type="checkbox"/> Contingent | |
| <input type="checkbox"/> Debtor 1 only | <input type="checkbox"/> Unliquidated | |
| <input type="checkbox"/> Debtor 2 only | <input type="checkbox"/> Disputed | |
| <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| <input type="checkbox"/> At least one of the debtors and another | <input type="checkbox"/> Student loans | |
| <input type="checkbox"/> Check if this claim is for a community debt | <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| Is the claim subject to offset? | <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts | |
| <input checked="" type="checkbox"/> No | <input checked="" type="checkbox"/> Other. Specify _____ | |
| <input type="checkbox"/> Yes | | |

4.15
2

| | | |
|--|--|-----------------|
| St. Alexian Brothers / St. Alexian Medic | Last 4 digits of account number 2050 | \$ 35.11 |
| Priority Creditor's Name 22589 Network Place Chicago, IL 60673 | When was the debt incurred? _____ | |
| Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| Who incurred the debt? Check one. | <input type="checkbox"/> Contingent | |
| <input type="checkbox"/> Debtor 1 only | <input type="checkbox"/> Unliquidated | |
| <input type="checkbox"/> Debtor 2 only | <input type="checkbox"/> Disputed | |
| <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| <input type="checkbox"/> At least one of the debtors and another | <input type="checkbox"/> Student loans | |
| <input type="checkbox"/> Check if this claim is for a community debt | <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| Is the claim subject to offset? | <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts | |
| <input checked="" type="checkbox"/> No | <input checked="" type="checkbox"/> Other. Specify _____ | |
| <input type="checkbox"/> Yes | | |

4.15
3

| | | |
|--|---|-----------------|
| St. Alexian Brothers / St. Alexian Medic | Last 4 digits of account number 2192 | \$ 65.00 |
| Priority Creditor's Name 22589 Network Place Chicago, IL 60673 | When was the debt incurred? _____ | |
| Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |

Debtor 1 Rosemary B Douglas
Debtor 2 Frederick G Douglas

Case number (if known) _____

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
- Is the claim subject to offset?**
- No
 Yes

 Contingent Unliquidated Disputed**Type of NONPRIORITY unsecured claim:**

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify _____

4.15
4**St. Alexian Brothers / St. Alexian Medic**

Priority Creditor's Name

**22589 Network Place
Chicago, IL 60673**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
- Is the claim subject to offset?**
- No
 Yes

Last 4 digits of account number **0802**\$ **35.38**

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

- Contingent
 Unliquidated
 Disputed
- Type of NONPRIORITY unsecured claim:**
- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify _____

4.15
5**St. Alexian Brothers / St. Alexian Medic**

Priority Creditor's Name

**22589 Network Place
Chicago, IL 60673**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
- Is the claim subject to offset?**
- No
 Yes

Last 4 digits of account number **8181**\$ **267.52**

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

- Contingent
 Unliquidated
 Disputed
- Type of NONPRIORITY unsecured claim:**
- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify _____

4.15
6**St. Alexian Brothers / St. Alexian Medic**

Priority Creditor's Name

Last 4 digits of account number **5353**\$ **865.00**

Debtor 1 Rosemary B Douglas
Debtor 2 Frederick G Douglas

Case number (if known) _____

**921 N. Plum Grove Road
Schaumburg, IL 60173**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

When was the debt incurred? _____**As of the date you file, the claim is:** Check all that apply

- Contingent
 Unliquidated
 Disputed
 Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify _____

4.15
7**St. Alexian Brothers / St. Alexian Medic**

Priority Creditor's Name

**22589 Network Place
Chicago, IL 60673**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

Last 4 digits of account number **3397**\$ **17.00****When was the debt incurred?** _____**As of the date you file, the claim is:** Check all that apply

- Contingent
 Unliquidated
 Disputed
 Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify _____

4.15
8**St. Alexian Brothers / St. Alexian Medic**

Priority Creditor's Name

**22589 Network Place
Chicago, IL 60673**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

Last 4 digits of account number **0711**\$ **80.05****When was the debt incurred?** _____**As of the date you file, the claim is:** Check all that apply

- Contingent
 Unliquidated
 Disputed
 Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify _____

Debtor 1 **Rosemary B Douglas**
Debtor 2 **Frederick G Douglas**

Case number (if known) _____

4.15
9**St. Alexian Brothers / St. Alexian Medic**

Priority Creditor's Name

**22589 Network Place
Chicago, IL 60673**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
- Is the claim subject to offset?**
- No
 Yes

Last 4 digits of account number **2131** \$ **118.61**

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

- Contingent
 Unliquidated
 Disputed
- Type of NONPRIORITY unsecured claim:**
- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify _____

4.16
0**St. Alexian Brothers / St. Alexian Medic**

Priority Creditor's Name

**22589 Network Place
Chicago, IL 60673**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
- Is the claim subject to offset?**
- No
 Yes

Last 4 digits of account number **4319** \$ **125.00**

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

- Contingent
 Unliquidated
 Disputed
- Type of NONPRIORITY unsecured claim:**
- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Medical** _____

4.16
1**St. Alexian Brothers / St. Alexian Medic**

Priority Creditor's Name

**1555 Barrington Road
DOB 3, SUITE 0400
Hoffman Estates, IL 60169**

Number Street City State Zip Code

Last 4 digits of account number **7313** \$ **2,000.00**

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

Debtor 1 Rosemary B Douglas
Debtor 2 Frederick G Douglas

Case number (if known) _____

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
- Is the claim subject to offset?**
- No
 Yes

 Contingent Unliquidated Disputed**Type of NONPRIORITY unsecured claim:**

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

 Other. Specify **Medical**4.16
2**St. Alexian Brothers / St. Alexian Medic**

Priority Creditor's Name

**22589 Network Place
Chicago, IL 60673**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
- Is the claim subject to offset?**
- No
 Yes

Last 4 digits of account number **8330**\$ **280.00****When was the debt incurred?****As of the date you file, the claim is:** Check all that apply

- Contingent
 Unliquidated
 Disputed
- Type of NONPRIORITY unsecured claim:**
- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

 Other. Specify _____4.16
3**St. Alexian Brothers / St. Alexian Medic**

Priority Creditor's Name

**po box 3495
Toledo, oh 43607**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
- Is the claim subject to offset?**
- No
 Yes

Last 4 digits of account number **4820**\$ **125.00****When was the debt incurred?****As of the date you file, the claim is:** Check all that apply

- Contingent
 Unliquidated
 Disputed
- Type of NONPRIORITY unsecured claim:**
- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

 Other. Specify **Medical**4.16
4**St. Alexius Medical Center**

Priority Creditor's Name

Last 4 digits of account number **8393**\$ **701.24**

Debtor 1 Rosemary B Douglas
Debtor 2 Frederick G Douglas

Case number (if known) _____

**PO Box 77000
Dept 77304
Detroit, MI 48277**

Number Street City State Zip Code

When was the debt incurred? _____**Who incurred the debt? Check one.**

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
- Is the claim subject to offset?**
- No
 Yes

As of the date you file, the claim is: Check all that apply Contingent Unliquidated Disputed**Type of NONPRIORITY unsecured claim:**

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify _____

4.16
5**State Collection Service**

Priority Creditor's Name

**Po Box 6250
Madison, WI 53716**

Number Street City State Zip Code

Last 4 digits of account number

3063

\$

84.00**When was the debt incurred?** **Opened 6/01/14****As of the date you file, the claim is:** Check all that apply Contingent Unliquidated Disputed**Type of NONPRIORITY unsecured claim:**

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify _____

**Surburban Assocs in
Ophthalmolog**

Priority Creditor's Name

**1100 West Central
Suite 205
Arlington Heights, IL 60005**

Number Street City State Zip Code

Collection Attorney Acl Laboratories

Last 4 digits of account number

\$

457.42**When was the debt incurred?** _____**As of the date you file, the claim is:** Check all that apply4.16
6

Debtor 1 Rosemary B Douglas
Debtor 2 Frederick G Douglas

Case number (if known) _____

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
- Is the claim subject to offset?**
- No
 Yes

 Contingent Unliquidated Disputed**Type of NONPRIORITY unsecured claim:**

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

Medical4.16
7**Synchrony Bank/Lord & Taylor**

Priority Creditor's Name

**Attn: Bankruptcy
Po Box 103104
Roswell, GA 30076**

Number Street City State Zip Code

Last 4 digits of account number

2909

\$

0.00**Opened 9/01/85 Last Active 10/21/05****As of the date you file, the claim is:** Check all that apply

- Contingent
 Unliquidated
 Disputed
- Type of NONPRIORITY unsecured claim:**
- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

Other. Specify**Who incurred the debt? Check one.**

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
- Is the claim subject to offset?**
- No
 Yes

Charge Account4.16
8**Synchrony Bank/Lord & Taylor**

Priority Creditor's Name

**Attn: Bankruptcy
Po Box 103104
Roswell, GA 30076**

Number Street City State Zip Code

Last 4 digits of account number

9366

\$

0.00**Opened 9/01/85 Last Active 10/21/05****As of the date you file, the claim is:** Check all that apply

- Contingent
 Unliquidated
 Disputed
- Type of NONPRIORITY unsecured claim:**
- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

Other. Specify**Who incurred the debt? Check one.**

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
- Is the claim subject to offset?**
- No
 Yes

Charge Account4.16
9**Synchrony Bank/Mens Wearhouse**

Last 4 digits of account number

3247

\$

0.00

Debtor 1 **Rosemary B Douglas**
Debtor 2 **Frederick G Douglas**

Case number (if known)

Priority Creditor's Name

Attn: Bankruptcy**Po Box 103104****Roswell, GA 30076**

Number Street City State Zip Code

Opened 12/21/01 Last**Active 2/27/06**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

 Contingent Unliquidated Disputed**Type of NONPRIORITY unsecured claim:** Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify **Charge Account**4.17
0**Target**

Priority Creditor's Name

**C/O Financial & Retail Services
Mailstop BT PO Box 9475
Minneapolis, MN 55440**

Number Street City State Zip Code

Last 4 digits of account number

4798

\$

0.00**Opened 12/01/88 Last
Active 12/14/06**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

 Contingent Unliquidated Disputed**Type of NONPRIORITY unsecured claim:** Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify **Charge Account**4.17
1**TCF Bank**

Priority Creditor's Name

**800 Burr Ridge Pkwy
Burr Ridge, IL 60527**

Number Street City State Zip Code

Last 4 digits of account number

3619

\$

691.61

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Debtor 1 **Rosemary B Douglas**
Debtor 2 **Frederick G Douglas**

Case number (if known) _____

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
- Is the claim subject to offset?**
- No
 Yes

 Contingent Unliquidated Disputed**Type of NONPRIORITY unsecured claim:**

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify _____

4.17
2**The Center for Sports Orthopae**Priority Creditor's Name
1595 N. Barrington 101
Hoffman Estates, IL 60169

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
- Is the claim subject to offset?**
- No
 Yes

Last 4 digits of account number **0187**\$ **5.55****When was the debt incurred?** _____**As of the date you file, the claim is:** Check all that apply

- Contingent
 Unliquidated
 Disputed
- Type of NONPRIORITY unsecured claim:**
- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify _____

4.17
3**Toyota Motor Credit Co**Priority Creditor's Name
Toyota Financial Services
Po Box 8026
Cedar Rapids, IA 52408

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
- Is the claim subject to offset?**
- No
 Yes

Last 4 digits of account number **0001**\$ **0.00****Opened 6/01/02 Last Active 7/02/07****As of the date you file, the claim is:** Check all that apply

- Contingent
 Unliquidated
 Disputed
- Type of NONPRIORITY unsecured claim:**
- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Automobile** _____

4.17
4**Transworld Systems Inc**

Priority Creditor's Name

Last 4 digits of account number **8742**\$ **155.77**

Debtor 1 Rosemary B Douglas
Debtor 2 Frederick G Douglas

Case number (if known) _____

**2135 E. Primrose
Suite Q
Springfield, MO 65804**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

When was the debt incurred? _____**As of the date you file, the claim is:** Check all that apply

- Contingent
 Unliquidated
 Disputed
Type of NONPRIORITY unsecured claim:
 Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify _____

4.17
5**Travel + Leisure**

Priority Creditor's Name

po box 62120**Tampa, IL 62120**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number 6213

\$ _____

10.00**When was the debt incurred?** _____**As of the date you file, the claim is:** Check all that apply

- Contingent
 Unliquidated
 Disputed
Type of NONPRIORITY unsecured claim:
 Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify _____

4.17
6**tru green**

Priority Creditor's Name

po box 9001128**louisville, ky 40290**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number 7469

\$ _____

59.95**When was the debt incurred?** _____**As of the date you file, the claim is:** Check all that apply

- Contingent
 Unliquidated
 Disputed
Type of NONPRIORITY unsecured claim:
 Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify _____

Debtor 1 **Rosemary B Douglas**
 Debtor 2 **Frederick G Douglas**

Case number (if known) _____

4.17
7

| | | | | |
|---|--|-------------|----|---------------|
| US Cellar-M06 | Last 4 digits of account number | 9363 | \$ | 429.39 |
| Priority Creditor's Name PO BOX 926100 Norcross, GA 30010 | When was the debt incurred? | | | |
| Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | | | |
| Who incurred the debt? Check one. | <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | | | |
| <input type="checkbox"/> Debtor 1 only | | | | |
| <input type="checkbox"/> Debtor 2 only | | | | |
| <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only | | | | |
| <input type="checkbox"/> At least one of the debtors and another | | | | |
| <input type="checkbox"/> Check if this claim is for a community debt | | | | |
| Is the claim subject to offset? | <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts | | | |
| <input checked="" type="checkbox"/> No | | | | |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> Other. Specify _____ | | | |

4.17
8

| | | | | |
|--|--|-------------|----|---------------|
| Vega's Landscaping, Inc | Last 4 digits of account number | 9999 | \$ | 500.00 |
| Priority Creditor's Name 306 E. Wayne Place Wheeling, IL 60090 | When was the debt incurred? | | | |
| Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | | | |
| Who incurred the debt? Check one. | <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | | | |
| <input type="checkbox"/> Debtor 1 only | | | | |
| <input type="checkbox"/> Debtor 2 only | | | | |
| <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only | | | | |
| <input type="checkbox"/> At least one of the debtors and another | | | | |
| <input type="checkbox"/> Check if this claim is for a community debt | | | | |
| Is the claim subject to offset? | <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts | | | |
| <input checked="" type="checkbox"/> No | | | | |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> Other. Specify _____ | | | |

4.17
9

| | | | | |
|--|---|-------------|----|-----------------|
| Victoria Secrets/Angel | Last 4 digits of account number | 8752 | \$ | 1,500.00 |
| Priority Creditor's Name PO Box 16589 Columbus, oh 43216 | When was the debt incurred? | | | |
| Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | | | |

Debtor 1 Rosemary B Douglas
Debtor 2 Frederick G Douglas

Case number (if known) _____

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
- Is the claim subject to offset?**
- No
 Yes

 Contingent Unliquidated Disputed**Type of NONPRIORITY unsecured claim:**

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

 Other. Specify _____**Credit Card**4.18
0**Village of Hoffman Estates**Priority Creditor's Name
P.O. Box 457
Wheeling, IL 60090

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
- Is the claim subject to offset?**
- No
 Yes

Last 4 digits of account number **3241**\$ **200.00**

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

- Contingent
 Unliquidated
 Disputed
- Type of NONPRIORITY unsecured claim:**
- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

 Other. Specify _____4.18
1**Village of Hoffman Estates**Priority Creditor's Name
PO Box 457
Wheeling, IL 60090

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
- Is the claim subject to offset?**
- No
 Yes

Last 4 digits of account number **1918**\$ **200.00**

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

- Contingent
 Unliquidated
 Disputed
- Type of NONPRIORITY unsecured claim:**
- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

 Other. Specify _____4.18
2**Village of Hoffman Estates**Priority Creditor's Name
PO Box 457
Wheeling, IL 60090Last 4 digits of account number **7179**\$ **200.00**

When was the debt incurred? _____

Debtor 1 **Rosemary B Douglas**
Debtor 2 **Frederick G Douglas**

Case number (if known) _____

Number Street City State Zip Code

As of the date you file, the claim is: Check all that apply**Who incurred the debt?** Check one.

- Debtor 1 only
 Debtor 2 only

 Debtor 1 and Debtor 2 only At least one of the debtors and another **Check if this claim is for a community debt****Is the claim subject to offset?** No Yes Contingent Unliquidated Disputed**Type of NONPRIORITY unsecured claim:** Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify _____4.18
3**Village of Hoffman Estates**

Priority Creditor's Name

**P.O. Box 457
Wheeling, IL 60090**

Number Street City State Zip Code

Last 4 digits of account number **9855**\$ **200.00****When was the debt incurred?** _____**As of the date you file, the claim is:** Check all that apply**Who incurred the debt?** Check one.

- Debtor 1 only
 Debtor 2 only

 Debtor 1 and Debtor 2 only At least one of the debtors and another **Check if this claim is for a community debt****Is the claim subject to offset?** No Yes Contingent Unliquidated Disputed**Type of NONPRIORITY unsecured claim:** Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify _____4.18
4**Village of Hoffman Estates**

Priority Creditor's Name

**PO Box 457
Wheeling, IL 60090**

Number Street City State Zip Code

Last 4 digits of account number **5580**\$ **87.00****When was the debt incurred?** _____**As of the date you file, the claim is:** Check all that apply**Who incurred the debt?** Check one.

- Debtor 1 only
 Debtor 2 only

 Debtor 1 and Debtor 2 only At least one of the debtors and another **Check if this claim is for a community debt****Is the claim subject to offset?** No Yes Contingent Unliquidated Disputed**Type of NONPRIORITY unsecured claim:** Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify _____4.18
5**Village of Schaumburg Ambulance**

Priority Creditor's Name

Last 4 digits of account number **1746**\$ **784.35**

Debtor 1 **Rosemary B Douglas**
Debtor 2 **Frederick G Douglas**

Case number (if known) _____

**PO Box 612
Milwaukee, IL 53201**
Number Street City State Zip Code**When was the debt incurred?** _____**Who incurred the debt?** Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
- No
 Yes

As of the date you file, the claim is: Check all that apply

- Contingent
 Unliquidated
 Disputed
Type of NONPRIORITY unsecured claim:
- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify _____

4.18
6**Viploanship**Priority Creditor's Name
**1374 Rocky Road
Philadelphia, PA 19104**

Number Street City State Zip Code

Last 4 digits of account number **1176** \$ **1,000.00****When was the debt incurred?** _____**As of the date you file, the claim is:** Check all that apply

- Who incurred the debt?** Check one.
- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
- No
 Yes

- Contingent
 Unliquidated
 Disputed
Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

 Other. Specify _____4.18
7**Viploanship**Priority Creditor's Name
**1374 Rocky Road
Philadelphia, PA 19104**

Number Street City State Zip Code

Last 4 digits of account number **2869** \$ **1,000.00****When was the debt incurred?** _____**As of the date you file, the claim is:** Check all that apply

- Who incurred the debt?** Check one.
- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
- No
 Yes

- Contingent
 Unliquidated
 Disputed
Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

 Other. Specify _____

Debtor 1 Rosemary B Douglas
Debtor 2 Frederick G Douglas

Case number (if known)

| | | | |
|-----------|---|--|----------------|
| 4.18 8 | Wellsfargo Priority Creditor's Name 800 Walnut St Des Moines, IA 50309 Number Street City State Zip Code | Last 4 digits of account number 3573 When was the debt incurred? Opened 4/01/08 Last Active 2/26/10 As of the date you file, the claim is: Check all that apply | \$ 0.00 |
| | <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt | <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts | |
| | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> Other. Specify Note Loan | |

| | | | |
|-----------|---|---|----------------|
| 4.18 9 | Wf Fin Bank/Wells Fargo Financial Priority Creditor's Name Attention: Bankruptcy Po Box 10438 Mac-X2505-033 Des Moines, IA 50306 Number Street City State Zip Code | Last 4 digits of account number 3118 When was the debt incurred? Opened 5/12/08 Last Active 11/30/10 As of the date you file, the claim is: Check all that apply | \$ 0.00 |
| | Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt | <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts | |
| | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> Other. Specify Credit Card | |

| | | | |
|-----------|--|--|------------------|
| 4.19 0 | White Hills Cash Direct Pay Priority Creditor's Name 5781 W. Sunrise Plantation, FL 33313 Number Street City State Zip Code | Last 4 digits of account number 1737 When was the debt incurred? | \$ 548.00 |
| | | As of the date you file, the claim is: Check all that apply | |

Debtor 1 Rosemary B Douglas
Debtor 2 Frederick G Douglas

Case number (if known) _____

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only

 Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt**Is the claim subject to offset?** No Yes Contingent Unliquidated Disputed**Type of NONPRIORITY unsecured claim:** Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify _____4.19
1**White Hills Cash Direct Pay**

Priority Creditor's Name

**5781 W. Sunrise
Plantation, FL 33313**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only

 Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt**Is the claim subject to offset?** No YesLast 4 digits of account number **5851**\$ **1,000.00****When was the debt incurred?** _____**As of the date you file, the claim is:** Check all that apply Contingent Unliquidated Disputed**Type of NONPRIORITY unsecured claim:** Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify _____4.19
2**White Hills Cash Direct Pay**

Priority Creditor's Name

**5781 W. Sunrise
Plantation, FL 33313**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only

 Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt**Is the claim subject to offset?** No YesLast 4 digits of account number **5853**\$ **1,000.00****When was the debt incurred?** _____**As of the date you file, the claim is:** Check all that apply Contingent Unliquidated Disputed**Type of NONPRIORITY unsecured claim:** Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify _____4.19
3**WomanCare PC**

Priority Creditor's Name

Last 4 digits of account number **4085**\$ **1,270.00**

Debtor 1 Rosemary B Douglas
Debtor 2 Frederick G Douglas

Case number (if known) _____

**PO BOX 4543
Dept PER
Carol Stream, IL 60197**

Number Street City State Zip Code

When was the debt incurred? _____**Who incurred the debt? Check one.**

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

As of the date you file, the claim is: Check all that apply

- Contingent
 Unliquidated
 Disputed
Type of NONPRIORITY unsecured claim:
 Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Medical** _____

4.19
4**Woodfield Orthopedic**Priority Creditor's Name
**1102 S. Roselle Road
Schaumburg, IL 60193**

Number Street City State Zip Code

Last 4 digits of account number **5118**\$ **65.30****When was the debt incurred?** _____**As of the date you file, the claim is:** Check all that apply

- Who incurred the debt? Check one.**
 Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify _____

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name Address
-NONE-**On which entry in Part 1 or Part 2 did you list the original creditor?**Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
Part 2: Creditors with Nonpriority Unsecured Claims**Last 4 digits of account number** _____**Part 4: Add the Amounts for Each Type of Unsecured Claim**

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

Total claims from Part 1

| | | Total claim |
|-----|--|-------------------------|
| 6a. | Domestic support obligations | 6a. \$ 0.00 |
| 6b. | Taxes and certain other debts you owe the government | 6b. \$ 20,000.00 |
| 6c. | Claims for death or personal injury while you were intoxicated | 6c. \$ 0.00 |
| 6d. | Other. Add all other priority unsecured claims. Write that amount here. | 6d. \$ 0.00 |

Debtor 1 **Rosemary B Douglas**
Debtor 2 **Frederick G Douglas**

Case number (if known) _____

Total claims
from Part 2

6e. Total. Add lines 6a through 6d.

6e. \$ **20,000.00**

6f. Student loans

6f. \$ **0.00**

6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims

6g. \$ **0.00**

6h. Debts to pension or profit-sharing plans, and other similar debts

6h. \$ **0.00**

6i. Other. Add all other nonpriority unsecured claims. Write that amount here. 6i.

6i. \$ **286,853.09**

6j. Total. Add lines 6f through 6i.

6j. \$ **286,853.09**

Fill in this information to identify your case:

| | | | |
|---|-------------------------------|-------------|-----------|
| Debtor 1 | Rosemary B Douglas | | |
| | First Name | Middle Name | Last Name |
| Debtor 2 | Frederick G Douglas | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: | NORTHERN DISTRICT OF ILLINOIS | | |
| Case number (if known) | | | |

Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

- No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Property* (Official Form 106 A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| Person or company with whom you have the contract or lease | | | State what the contract or lease is for |
|--|--------|--------|---|
| Name, Number, Street, City, State and ZIP Code | | | |
| 2.1 | Name | | |
| | Number | Street | |
| | City | State | ZIP Code |
| 2.2 | Name | | |
| | Number | Street | |
| | City | State | ZIP Code |
| 2.3 | Name | | |
| | Number | Street | |
| | City | State | ZIP Code |
| 2.4 | Name | | |
| | Number | Street | |
| | City | State | ZIP Code |
| 2.5 | Name | | |
| | Number | Street | |
| | City | State | ZIP Code |

Fill in this information to identify your case:

| | | | |
|---|-------------------------------|-------------|-----------|
| Debtor 1 | Rosemary B Douglas | | |
| | First Name | Middle Name | Last Name |
| Debtor 2 | Frederick G Douglas | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: | NORTHERN DISTRICT OF ILLINOIS | | |
| Case number (if known) | | | |

Check if this is an amended filing

Official Form 106H Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

- No
 Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

- No. Go to line 3.
 Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor
Name, Number, Street, City, State and ZIP Code

Column 2: The creditor to whom you owe the debt
Check all schedules that apply:

3.1

Name _____
Number _____ Street _____
City _____ State _____ ZIP Code _____

- Schedule D, line _____
 Schedule E/F, line _____
 Schedule G, line _____

3.2

Name _____
Number _____ Street _____
City _____ State _____ ZIP Code _____

- Schedule D, line _____
 Schedule E/F, line _____
 Schedule G, line _____

Fill in this information to identify your case:

| | |
|--|----------------------------|
| Debtor 1 | Rosemary B Douglas |
| Debtor 2 (Spouse, if filing) | Frederick G Douglas |
| United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS | |
| Case number (if known) | _____ |

Check if this is:

- An amended filing
 A supplement showing postpetition chapter 13 income as of the following date:
 MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

Debtor 1

Debtor 2 or non-filing spouse

- Employed
 Not employed

- Employed
 Not employed

Occupation

Store Manager

Employer's name

TMX Finance

Employer's address

**15 Bull St, Ste 200
Savannah, GA 31401**

How long employed there? **5 months**

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

| | For Debtor 1 | For Debtor 2 or non-filing spouse |
|--|-----------------------|--|
| 2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. | 2. \$ 3,072.33 | \$ 0.00 |
| 3. Estimate and list monthly overtime pay. | 3. +\$ 0.00 | +\$ 0.00 |
| 4. Calculate gross Income. Add line 2 + line 3. | 4. \$ 3,072.33 | \$ 0.00 |

2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.
 3. Estimate and list monthly overtime pay.
 4. Calculate gross Income. Add line 2 + line 3.

Debtor 1 **Rosemary B Douglas**
 Debtor 2 **Frederick G Douglas**

Case number (if known) _____

| Copy line 4 here | For Debtor 1 | For Debtor 2 or non-filing spouse |
|------------------------|-----------------------|-----------------------------------|
| | 4. \$ 3,072.33 | \$ 0.00 |

5. List all payroll deductions:

- 5a. Tax, Medicare, and Social Security deductions
 5b. Mandatory contributions for retirement plans
 5c. Voluntary contributions for retirement plans
 5d. Required repayments of retirement fund loans
 5e. Insurance
 5f. Domestic support obligations
 5g. Union dues
 5h. Other deductions. Specify: _____

| | | |
|------|------------------|------------------|
| 5a. | \$ 409.50 | \$ 0.00 |
| 5b. | \$ 0.00 | \$ 0.00 |
| 5c. | \$ 0.00 | \$ 0.00 |
| 5d. | \$ 0.00 | \$ 0.00 |
| 5e. | \$ 158.17 | \$ 0.00 |
| 5f. | \$ 0.00 | \$ 0.00 |
| 5g. | \$ 0.00 | \$ 0.00 |
| 5h.+ | \$ 0.00 | + \$ 0.00 |

6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.

6. \$ **567.67** \$ **0.00**

7. Calculate total monthly take-home pay. Subtract line 6 from line 4.

7. \$ **2,504.66** \$ **0.00**

8. List all other income regularly received:

- 8a. Net income from rental property and from operating a business, profession, or farm

Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.

8a. \$ **0.00** \$ **0.00**

- 8b. Interest and dividends

8b. \$ **0.00** \$ **0.00**

- 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive

Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.

8c. \$ **0.00** \$ **0.00**

- 8d. Unemployment compensation

8d. \$ **0.00** \$ **0.00**

- 8e. Social Security

8e. \$ **0.00** \$ **2,415.00**

- 8f. Other government assistance that you regularly receive

Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.

Specify: _____

8f. \$ **0.00** \$ **0.00**

- 8g. Pension or retirement income

8g. \$ **0.00** \$ **0.00**

- 8h. Other monthly income. Specify: _____

8h.+ \$ **0.00** + \$ **0.00**

9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.

9. \$ **0.00** \$ **2,415.00**

10. Calculate monthly income. Add line 7 + line 9.

10. \$ **2,504.66** + \$ **2,415.00** = \$ **4,919.66**

11. State all other regular contributions to the expenses that you list in Schedule J.

Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.

Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.

Specify: _____

11. +\$ **0.00**

12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income.

Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies

12. \$ **4,919.66**

Combined monthly income

13. Do you expect an increase or decrease within the year after you file this form?

No.

Yes. Explain: _____

Fill in this information to identify your case:

| | |
|---|--------------------------------------|
| Debtor 1 | Rosemary B Douglas |
| Debtor 2 | Frederick G Douglas |
| (Spouse, if filing) | |
| United States Bankruptcy Court for the: | NORTHERN DISTRICT OF ILLINOIS |
| Case number (If known) | |

Check if this is:

- An amended filing
 A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

- No. Go to line 2.
 Yes. Does Debtor 2 live in a separate household?

No

Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2.

2. Do you have dependents? No

Do not list Debtor 1 and Debtor 2.

Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

Do not state the dependents names.

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

- No
 Yes
 No
 Yes
 No
 Yes
 No
 Yes

3. Do your expenses include expenses of people other than yourself and your dependents? No Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I.)

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ **1,798.00**

Your expenses

If not included in line 4:

- 4a. Real estate taxes
4b. Property, homeowner's, or renter's insurance
4c. Home maintenance, repair, and upkeep expenses
4d. Homeowner's association or condominium dues
5. Additional mortgage payments for your residence, such as home equity loans

| | |
|--------|---------------|
| 4a. \$ | 0.00 |
| 4b. \$ | 0.00 |
| 4c. \$ | 100.00 |
| 4d. \$ | 0.00 |
| 5. \$ | 0.00 |

Debtor 1 **Rosemary B Douglas**
 Debtor 2 **Frederick G Douglas**

Case number (if known) _____

| | | |
|--|--|----------------------|
| 6. Utilities: | 6a. Electricity, heat, natural gas | 6a. \$ 320.00 |
| | 6b. Water, sewer, garbage collection | 6b. \$ 70.00 |
| | 6c. Telephone, cell phone, Internet, satellite, and cable services | 6c. \$ 365.00 |
| | 6d. Other. Specify: _____ | 6d. \$ 0.00 |
| 7. Food and housekeeping supplies | 7. \$ 700.00 | |
| 8. Childcare and children's education costs | 8. \$ 0.00 | |
| 9. Clothing, laundry, and dry cleaning | 9. \$ 100.00 | |
| 10. Personal care products and services | 10. \$ 200.00 | |
| 11. Medical and dental expenses | 11. \$ 415.00 | |
| 12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. | 12. \$ 320.00 | |
| 13. Entertainment, clubs, recreation, newspapers, magazines, and books | 13. \$ 40.00 | |
| 14. Charitable contributions and religious donations | 14. \$ 100.00 | |
| 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. | | |
| 15a. Life insurance | 15a. \$ 0.00 | |
| 15b. Health insurance | 15b. \$ 0.00 | |
| 15c. Vehicle insurance | 15c. \$ 80.00 | |
| 15d. Other insurance. Specify: _____ | 15d. \$ 0.00 | |
| 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: IRS installment | 16. \$ 323.00 | |
| 17. Installment or lease payments: | | |
| 17a. Car payments for Vehicle 1 | 17a. \$ 0.00 | |
| 17b. Car payments for Vehicle 2 | 17b. \$ 0.00 | |
| 17c. Other. Specify: Tollway fines | 17c. \$ 100.00 | |
| 17d. Other. Specify: _____ | 17d. \$ 0.00 | |
| 18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). | 18. \$ 0.00 | |
| 19. Other payments you make to support others who do not live with you. Specify: _____ | \$ 0.00 | |
| 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. | | |
| 20a. Mortgages on other property | 20a. \$ 0.00 | |
| 20b. Real estate taxes | 20b. \$ 0.00 | |
| 20c. Property, homeowner's, or renter's insurance | 20c. \$ 0.00 | |
| 20d. Maintenance, repair, and upkeep expenses | 20d. \$ 0.00 | |
| 20e. Homeowner's association or condominium dues | 20e. \$ 0.00 | |
| 21. Other: Specify: Tolls Car repairs/license/tags Pet supplies | | |
| 22. Calculate your monthly expenses | | |
| 22a. Add lines 4 through 21. | \$ 5,251.00 | |
| 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 | \$ 5,251.00 | |
| 22c. Add line 22a and 22b. The result is your monthly expenses. | \$ 5,251.00 | |
| 23. Calculate your monthly net income. | | |
| 23a. Copy line 12 (your combined monthly income) from Schedule I. | 23a. \$ 4,919.66 | |
| 23b. Copy your monthly expenses from line 22c above. | 23b. -\$ 5,251.00 | |
| 23c. Subtract your monthly expenses from your monthly income. The result is your monthly net income. | 23c. \$ -331.34 | |
| 24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage? | | |
| <input checked="" type="checkbox"/> No. | | |
| <input type="checkbox"/> Yes. | Explain here: _____ | |

Fill in this information to identify your case:

| | | | |
|---|-------------------------------|-------------|-----------|
| Debtor 1 | Rosemary B Douglas | | |
| | First Name | Middle Name | Last Name |
| Debtor 2 | Frederick G Douglas | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: | NORTHERN DISTRICT OF ILLINOIS | | |
| Case number (if known) | | | |

Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

 Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

No

Yes. Name of person

. Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ Rosemary B Douglas

Rosemary B Douglas

Signature of Debtor 1

Date December 2, 2015

X /s/ Frederick G Douglas

Frederick G Douglas

Signature of Debtor 2

Date December 2, 2015

Fill in this information to identify your case:

| | | | |
|---|-------------------------------|-------------|-----------|
| Debtor 1 | Rosemary B Douglas | | |
| | First Name | Middle Name | Last Name |
| Debtor 2 | Frederick G Douglas | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: | NORTHERN DISTRICT OF ILLINOIS | | |
| Case number (if known) | | | |

Check if this is an amended filing

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Give Details About Your Marital Status and Where You Lived Before

1. What is your current marital status?

- Married
 Not married

2. During the last 3 years, have you lived anywhere other than where you live now?

- No
 Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1 Prior Address:

Dates Debtor 1
lived there

Debtor 2 Prior Address:

Dates Debtor 2
lived there

3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.)

- No
 Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H).

Part 2 Explain the Sources of Your Income

4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.
If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

- No
 Yes. Fill in the details.

| Debtor 1 | Gross income (before deductions and exclusions) | Debtor 2 | Gross income (before deductions and exclusions) |
|---|--|---|--|
| <input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business | \$0.00 | <input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business | \$0.00 |
| | | | |

Debtor 1 Rosemary B Douglas
Debtor 2 Frederick G Douglas

Case number (if known)

| Debtor 1 | Gross income (before deductions and exclusions) | Debtor 2 | Gross income (before deductions and exclusions) |
|---|--|---|--|
| Sources of income Check all that apply. | | Sources of income Check all that apply. | |
| <input type="checkbox"/> Wages, commissions, bonuses, tips | \$0.00 | <input type="checkbox"/> Wages, commissions, bonuses, tips | \$0.00 |
| <input type="checkbox"/> Operating a business | | <input type="checkbox"/> Operating a business | |
| | | | |
| <input type="checkbox"/> Wages, commissions, bonuses, tips | \$0.00 | <input type="checkbox"/> Wages, commissions, bonuses, tips | \$0.00 |
| <input type="checkbox"/> Operating a business | | <input type="checkbox"/> Operating a business | |

5. Did you receive any other income during this year or the two previous calendar years?

Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

- No
 Yes. Fill in the details.

| Debtor 1 Sources of income Describe below.. | Gross income (before deductions and exclusions) | Debtor 2 Sources of income Describe below. | Gross income (before deductions and exclusions) |
|---|--|--|--|
| 2015 YTD: H SSI Benefits | \$24,150.00 | | |
| 2014: H SSI Benefits | \$30,071.00 | | |
| 2013: H SSI Benefits | \$29,627.00 | | |

Part 3: List Certain Payments You Made Before You Filed for Bankruptcy**6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?**

- No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,225* or more?

- No. Go to line 7.
 Yes. List below each creditor to whom you paid a total of \$6,225* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

* Subject to adjustment on 4/01/16 and every 3 years after that for cases filed on or after the date of adjustment.

- Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts.

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

- No. Go to line 7.
 Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

| Creditor's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Was this payment for ... |
|-----------------------------|------------------|-------------------|----------------------|--------------------------|
| | | | | |

Debtor 1 Rosemary B Douglas
Debtor 2 Frederick G Douglas

Case number (if known)

7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?

Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

No

Yes. List all payments to an insider

| Insider's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for this payment |
|----------------------------|------------------|-------------------|----------------------|-------------------------|
|----------------------------|------------------|-------------------|----------------------|-------------------------|

8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?

Include payments on debts guaranteed or cosigned by an insider.

No

Yes. List all payments to an insider

| Insider's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for this payment |
|----------------------------|------------------|-------------------|----------------------|-------------------------|
|----------------------------|------------------|-------------------|----------------------|-------------------------|

Part 4: Identify Legal Actions, Repossessions, and Foreclosures

9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

No

Yes. Fill in the details.

| Case title Case number | Nature of the case | Court or agency | Status of the case |
|---------------------------|--------------------|-----------------|--------------------|
|---------------------------|--------------------|-----------------|--------------------|

10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?
Check all that apply and fill in the details below.

No

Yes. Fill in the information below.

| Creditor Name and Address | Describe the Property | Date | Value of the property |
|---------------------------|-----------------------|------|-----------------------|
| Explain what happened | | | |

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

No

Yes. Fill in the details.

| Creditor Name and Address | Describe the action the creditor took | Date action was taken | Amount |
|---------------------------|---------------------------------------|-----------------------|--------|
|---------------------------|---------------------------------------|-----------------------|--------|

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

No

Yes

Part 5: List Certain Gifts and Contributions

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

No

Yes. Fill in the details for each gift.

| Gifts with a total value of more than \$600 per person | Describe the gifts | Dates you gave the gifts | Value |
|--|--------------------|--------------------------|-------|
|--|--------------------|--------------------------|-------|

Person to Whom You Gave the Gift and Address:

Debtor 1 Rosemary B Douglas
Debtor 2 Frederick G Douglas

Case number (if known)

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

No

Yes. Fill in the details for each gift or contribution.

| Gifts or contributions to charities that total more than \$600 | Describe what you contributed | Dates you contributed | Value |
|--|-------------------------------|-----------------------|----------|
| Charity's Name Address (Number, Street, City, State and ZIP Code) Various Religious Entities | \$100/month | Various | \$100.00 |

Part 6: List Certain Losses

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

No

Yes. Fill in the details.

| Describe the property you lost and how the loss occurred | Describe any insurance coverage for the loss | Date of your loss | Value of property lost |
|---|--|-------------------|------------------------|
| \$500-\$1,000 in gambling losses in past year (recreational only) | Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. | Various | \$500.00 |

Part 7: List Certain Payments or Transfers

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

No

Yes. Fill in the details.

| Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You | Description and value of any property transferred | Date payment or transfer was made | Amount of payment |
|---|---|-----------------------------------|-------------------|
| Cutler & Associates, Ltd 4131 Main Street Skokie, IL 60076 | \$1,200.00 | Nov 2015 | \$1,200.00 |

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?

Do not include any payment or transfer that you listed on line 16.

No

Yes. Fill in the details.

| Person Who Was Paid Address | Description and value of any property transferred | Date payment or transfer was made | Amount of payment |
|--------------------------------|---|-----------------------------------|-------------------|
| | | | |

Debtor 1 Rosemary B Douglas
Debtor 2 Frederick G Douglas

Case number (if known)

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

- No
 Yes. Fill in the details.

| | | | |
|---|--|--|---------------------------|
| Person Who Received Transfer Address | Description and value of property transferred | Describe any property or payments received or debts paid in exchange | Date transfer was made |
| Person's relationship to you | | | |

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)

- No
 Yes. Fill in the details.

| | | |
|---------------|---|---------------------------|
| Name of trust | Description and value of the property transferred | Date Transfer was made |
|---------------|---|---------------------------|

Part 8: List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

- No
 Yes. Fill in the details.

| | | | | |
|--|------------------------------------|----------------------------------|---|---|
| Name of Financial Institution and Address (Number, Street, City, State and ZIP Code) | Last 4 digits of account number | Type of account or instrument | Date account was closed, sold, moved, or transferred | Last balance before closing or transfer |
|--|------------------------------------|----------------------------------|---|---|

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

- No
 Yes. Fill in the details.

| | | | |
|---|---|-----------------------|--------------------------|
| Name of Financial Institution Address (Number, Street, City, State and ZIP Code) | Who else had access to it? Address (Number, Street, City, State and ZIP Code) | Describe the contents | Do you still have it? |
|---|---|-----------------------|--------------------------|

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy

- No
 Yes. Fill in the details.

| | | | |
|--|---|-----------------------|--------------------------|
| Name of Storage Facility Address (Number, Street, City, State and ZIP Code) | Who else has or had access to it? Address (Number, Street, City, State and ZIP Code) | Describe the contents | Do you still have it? |
|--|---|-----------------------|--------------------------|

Part 9: Identify Property You Hold or Control for Someone Else

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

- No
 Yes. Fill in the details.

| | | | |
|--|---|-----------------------|-------|
| Owner's Name Address (Number, Street, City, State and ZIP Code) | Where is the property? (Number, Street, City, State and ZIP Code) | Describe the property | Value |
|--|---|-----------------------|-------|

Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

- Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or

Official Form 107 Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 5

Debtor 1 Rosemary B Douglas
Debtor 2 Frederick G Douglas

Case number (if known)

toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.

- Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

- No
- Yes. Fill in the details.

| Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | Environmental law, if you know it | Date of notice |
|--|---|-----------------------------------|----------------|
|--|---|-----------------------------------|----------------|

25. Have you notified any governmental unit of any release of hazardous material?

- No
- Yes. Fill in the details.

| Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | Environmental law, if you know it | Date of notice |
|--|---|-----------------------------------|----------------|
|--|---|-----------------------------------|----------------|

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- No
- Yes. Fill in the details.

| Case Title Case Number | Court or agency Name Address (Number, Street, City, State and ZIP Code) | Nature of the case | Status of the case |
|---------------------------|---|--------------------|--------------------|
|---------------------------|---|--------------------|--------------------|

Part 11: Give Details About Your Business or Connections to Any Business

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

- A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
- A member of a limited liability company (LLC) or limited liability partnership (LLP)
- A partner in a partnership
- An officer, director, or managing executive of a corporation
- An owner of at least 5% of the voting or equity securities of a corporation
- No. None of the above applies. Go to Part 12.
- Yes. Check all that apply above and fill in the details below for each business.

| Business Name Address (Number, Street, City, State and ZIP Code) | Describe the nature of the business Name of accountant or bookkeeper | Employer Identification number Do not include Social Security number or ITIN. Dates business existed |
|--|---|--|
|--|---|--|

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

- No
- Yes. Fill in the details below.

| Name Address (Number, Street, City, State and ZIP Code) | Date Issued |
|---|-------------|
|---|-------------|

Part 12: Sign Below

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers
Official Form 107 Statement of Financial Affairs for Individuals Filing for Bankruptcy

Debtor 1 **Rosemary B Douglas**
Debtor 2 **Frederick G Douglas**

Case number (if known) _____

are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.
18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ Rosemary B Douglas
Rosemary B Douglas
Signature of Debtor 1

/s/ Frederick G Douglas
Frederick G Douglas
Signature of Debtor 2

Date December 2, 2015

Date December 2, 2015

Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?

- No
 Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

- No

Yes. Name of Person _____ . Attach the *Bankruptcy Petitioner's Notice, Declaration, and Signature* (Official Form 119).

Debtor 1 **Rosemary B Douglas**
Debtor 2 **Frederick G Douglas**

Case number (*if known*) _____

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date December 2, 2015

Signature /s/ Rosemary B Douglas
Rosemary B Douglas
Debtor

Date December 2, 2015

Signature /s/ Frederick G Douglas
Frederick G Douglas
Joint Debtor

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571

Fill in this information to identify your case:

| | | | |
|---|-------------------------------|-------------|-----------|
| Debtor 1 | Rosemary B Douglas | | |
| | First Name | Middle Name | Last Name |
| Debtor 2 | Frederick G Douglas | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: | NORTHERN DISTRICT OF ILLINOIS | | |
| Case number (if known) | | | |

Check if this is an amended filing

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Have Secured Claims

1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below.

| Identify the creditor and the property that is collateral | What do you intend to do with the property that secures a debt? | Did you claim the property as exempt on Schedule C? |
|---|--|---|
| Creditor's name: | <input type="checkbox"/> Surrender the property. <input type="checkbox"/> Retain the property and redeem it. <input type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> . <input type="checkbox"/> Retain the property and [explain]: _____ | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| Description of property securing debt: | | |
| Creditor's name: | <input type="checkbox"/> Surrender the property. <input type="checkbox"/> Retain the property and redeem it. <input type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> . <input type="checkbox"/> Retain the property and [explain]: _____ | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| Description of property securing debt: | | |
| Creditor's name: | <input type="checkbox"/> Surrender the property. <input type="checkbox"/> Retain the property and redeem it. <input type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> . <input type="checkbox"/> Retain the property and [explain]: _____ | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| Description of property securing debt: | | |
| Creditor's | <input type="checkbox"/> Surrender the property. | <input type="checkbox"/> No |

B8 (Form 8) (12/08)
name:

Page 2

Description of
property
securing debt:

- Retain the property and redeem it.
 Retain the property and enter into a
Reaffirmation Agreement.
 Retain the property and [explain]:

Yes

Part 2: List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

| Describe your unexpired personal property leases | Will the lease be assumed? |
|--|---|
| Lessor's name: Description of leased Property: | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| Lessor's name: Description of leased Property: | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| Lessor's name: Description of leased Property: | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| Lessor's name: Description of leased Property: | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| Lessor's name: Description of leased Property: | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| Lessor's name: Description of leased Property: | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| Lessor's name: Description of leased Property: | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| Lessor's name: Description of leased Property: | <input type="checkbox"/> No <input type="checkbox"/> Yes |

Part 3: Sign Below

Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease.

X /s/ Rosemary B Douglas
Rosemary B Douglas
Signature of Debtor 1

X /s/ Frederick G Douglas
Frederick G Douglas
Signature of Debtor 2

Date December 2, 2015

Date December 2, 2015

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7: Liquidation

\$245 filing fee

\$75 administrative fee

+ \$15 trustee surcharge

\$335 total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A-2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A-2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

| | |
|-------------------|--------------------|
| \$1,167 | filing fee |
| + \$550 | administrative fee |
| \$1,717 total fee | |

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | |
|---------------------|---------------------------|
| \$200 | filing fee |
| + \$75 | <u>administrative fee</u> |
| \$275 total fee | |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | |
|---------------------|---------------------------|
| \$235 | filing fee |
| + \$75 | <u>administrative fee</u> |
| \$310 total fee | |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes,
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to:

http://www.uscourts.gov/bkforms/bankruptcy_form_s.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from:
http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html.

In Alabama and North Carolina, go to:
<http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCreditAndDebtCounselors.aspx>.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

**United States Bankruptcy Court
Northern District of Illinois**

In re **Rosemary B Douglas
Frederick G Douglas**

Debtor(s)

Case No.

Chapter

7

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

| | |
|---|--------------------|
| For legal services, I have agreed to accept | \$ 1,200.00 |
| Prior to the filing of this statement I have received | \$ 1,200.00 |
| Balance Due | \$ 0.00 |

2. \$ **335.00** of the filing fee has been paid.

3. The source of the compensation paid to me was:

Debtor Other (specify):

4. The source of compensation to be paid to me is:

Debtor Other (specify):

5. I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

6. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. [Other provisions as needed]

Negotiations with secured creditors to reduce to market value; exemption planning; preparation and filing of reaffirmation agreements and applications as needed; preparation and filing of motions pursuant to 11 USC 522(f)(2)(A) for avoidance of liens on household goods.

7. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions or any other adversary proceeding.

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

December 2, 2015

Date

/s/ David Cutler

David Cutler

Signature of Attorney

Cutler & Associates, Ltd

4131 Main Street

Skokie, IL 60076

847-673-8600 Fax: 847-673-8636

david@cutlerltd.com

Name of law firm

**United States Bankruptcy Court
Northern District of Illinois**

In re **Rosemary B Douglas
Frederick G Douglas**

Debtor(s)

Case No.

Chapter

7

VERIFICATION OF CREDITOR MATRIX

Number of Creditors: **150**

The above-named Debtor(s) hereby verifies that the list of creditors is true and correct to the best of my (our) knowledge.

Date: **December 2, 2015**

/s/ Rosemary B Douglas

Rosemary B Douglas

Signature of Debtor

Date: **December 2, 2015**

/s/ Frederick G Douglas

Frederick G Douglas

Signature of Debtor

Activity Collection Se
664 N Milwaukee Ave
Prospect Heights, IL 60070

ADT
PO Box 650485
Dallas, TX 75265

Advocate Health Care/Dr Indu M. Vence, M
PO Box 905
Mount Prospect, IL 60056

Advocate Lutheran General Hospital
1775 Dempster St,
Park Ridge, IL 60068

Advocate Lutheran General Hospital
PO Box 4249
Carol Stream, IL 60197

Advocate Lutheran General Hospital 1775 D
Park Ridge, IL 60068

Advocate Medical Group
8550 W. Bryn Mawr Ave.,
8th Floor
Chicago, IL 60631

Advocate Medical Group
PO Box 4249
Carol Stream, IL 60197

Advocate Medical Group

Aetna /Macys
PO Box 981106
EL PASO, TX 79998

Alexian Brothers Health System
PO Box 361230
Birmingham, AL 35236

Alexian Brothers Health System
22589 Network Place
Chicago, IL 60673

American Express
PO Box 26312
Lehigh Valley, PA 18002

American Express
PO Box 297858
Ft. Lauderdale, FL 33329

American General Financial/Springleaf Fi
Springleaf Financial/Attn: Bankruptcy De
Po Box 3251
Evansville, IN 47731

American Profit Recovery
34405 West 12 Miles Road
#379
Farmington Hills, MI 48331

Amex
Correspondence
Po Box 981540
El Paso, TX 79998

Ann Taylor/Ann Taylor Loft
4079 Executive Parkway
3rd Floor
Westerville, OH 43081

AT&T
PO Box 6416
Carol Stream, IL 60197

AT&T
PO Box 3910
Tupelo, MS 38803

Atg Credit
1700 W Cortland St Ste 2
Chicago, IL 60622

Athletico
709 Enterprise Drive
Oak Brook, IL 60523

Bank Of America
Correspondence FL-1-908-01-49
Po Box 31785
Tampa, FL 33631

Bank of America, Schaumburg Illinois
800 E Higgins Road
Schaumburg, IL 60173

Bassam Matar MD SC
5131 N. Lincoln Ave.
Chicago, IL 60625

Biehl & Biehl, Inc.
325 E. Fullerton Ave.
Carol Stream, IL 60188

BMO / Harris Bank
1400 Gannon Drive
Hoffman Estates, IL 60169

Budget Lawn & Maintenance
2860 River Road
Suite 200
Des Plaines, IL 60018

Calvary Portfolio Services
500 Summit Lake Dr
Ste 400
Valhalla, NY 10595

Capital One
Attn: Bankruptcy
Po Box 30285
Salt Lake City, UT 84130

Capital One
Attn: Bankruptcy
Pob 30253
Salt Lake City, UT 84130

Capital One Bank
8875 Aero Drive
Suite 200
San Diego, CA 92123

Capital One Bank/mcm Midland Credit Mgmt
2365 Northside Drive
Suite 300
San Diego, CA 92108

CapitalOne
PO Box 71083
Charlotte, NC 28272

Cardiovascular Associate at ABHVI
25883 Network Place
Chicago, IL 60673

Cda/pontiac
Attn:Bankruptcy
Po Box 213
Streator, IL 61364

Charter One
po box 7000
Providence, RI 02940

Chase Bank
Attn: Bankruptcy
Po Box 15298
Wilmington, DE 19850

Chase Bank USA, N.A.
2365 Northside Drive
Suite 300
San Diego, CA 92108

Chase Card Services
Attn: Correspondence Dept
Po Box 15298
Wilmington, DE 19850

Chase Card Services
Attn: Correspondence Dept
Po Box 15298
Wilmington, DE 19850

Chicago Magazine
PO Box 433007
Palm Coast, FL 32143

Citi Cards
PO Box 183071
Columbus, OH 43218

CitiBank NA MasterCard
JAF Station, PO Box 2770
New York, NY 10116

CitiBank NA MasterCard
300 International Drive PMB #10015
Williamsville, NY 14221

Citibank/Sears
Citicorp Credit/Centralized Bankruptcy
Po Box 790040
Saint Louis, MO 63179

Citizens Bank
6 Manor Parkway
Salem, NH 03079

Compass Healthcare Consultants
po box 71626
Chicago, IL 71626

Compass Healthcare Consultants
PO BOX 71626
Chicago, IL 60694

Consolidated Health Plans, Inc.
2077 Roosevelt Ave
Springfield, MA 01104

ConsumerReports
PO Box 2073
Harlan, IA 51593

Convergent Outsourcing, Inc
Po Box 9004
Renton, WA 98057

Cr Serv Of Or
Po Box 1208
Roseburg, OR 97470

Credit Collections Svc
Po Box 773
Needham, MA 02494

Credit Control, LLC
PO Box 100
Hazelwood, MO 63042

Credit One Bank Na
Po Box 98873
Las Vegas, NV 89193

Credit One Bank, N.A.
PO Box 60578
Los Angeles, CA 90060

Credit One Bank, NA
2365 Northside Drove
Suite 300
San Diego, CA 92108

Daily Herald
PO Box 66463
Chicago, IL 60666

DePaul University
1 East Jackson Blvd
Chicago, IL 60604

Direct TV
PO BOX 9001069
Louisville, KY 40290

Dr Radha Belagani MD/Advocate Health Care
825 E. Golf Road
Arlington Heights, IL 60005

Dsnb Macys
Macys Bankruptcy Department
Po Box 8053
Mason, OH 45040

Eos Cca
Po Box 981008
Boston, MA 02298

ERC/Enhanced Recovery Corp
8014 Bayberry Rd
Jacksonville, FL 32256

Express Cash Mart of IL, LLC
PO Box 5598
Elgin, IL 60123

FFCC-Columbus Inc
Attn:Bankruptcy
Po Box 20790
Columbus, OH 43220

First Premier Bank
3820 N Louise Ave
Sioux Falls, SD 57107

First Premier Bank
PO Box 5529
Sioux Falls, SD 57117

FMS INC
PO BOX 707601
TULSA, OK 74170

Geico
ONE GEICO PLAZA
Bethesda, MD 20811

Ginnys/Swiss Colony Inc
Attn: Bankruptcy
1112 7th Ave
Monroe, WI 53566

Guideposts
PO Box 5831
Harlan, IA 51593

Hoffman Estates Surgery Center, LLC
1555 Barrington Road
Suite 400
Hoffman Estates, IL 60169

Hsbc/carsn
Attention: HSBC Retail Services
Po Box 5264
Carol Stream, IL 60197

Indu M. Vence MD SC
800 E Woodfield Road
#101
Schaumburg, IL

Internal Revenue Service - 1/11
PO Box 7346
Philadelphia, PA 19101-7346

J.C.Christensen & Associates, Inc.
P.O.Box 519
Sauk Rapids, MN 56379

Jefferson Capital Systems, LLC
16 Mcleland Rd
Saint Cloud, MN 56303

Kare Hospital Medicine
PO Box 967
Tinley Park, IL 60477

Kohls
1209 4th Ave. South - Dept PRO
Nashville, TN 37210

Kohls/Capital One
Po Box 3120
Milwaukee, WI 53201

labcorp
po box 2240
burlington, NC 27216

Legal Services Plan
PO Box 3574
Akron, oh 44309

Lord & Taylor
4 Woodfield Mall
Schaumburg, IL 60173

Loyola Medicine
2160 S. 1st Ave
Maywood, IL 60153

Lvnv Funding Llc
Po Box 10497
Greenville, SC 29603

Macy's
PO Box 183083
Columbus, OH 43218

Marshall Fields/Macy's
PO Box 183083
Columbus, OH 43218

Max & A.J.'s Landscaping, Inc.
53 E. Berkley Lane
Hoffman Estates, IL 60169

MCM, Inc.
8875 Aero Drive
Suite 200
San Diego, CA 92123

Med Business Bureau
Po Box 1219
Park Ridge, IL 60068

Medical Center Anesthesia
po box 661361
Chicago, IL 60666

Merchants Cr
223 W. Jackson Blvd.
Suite 400
Chicago, IL 60606

Midland Funding
2365 Northside Dr
Suite 300
San Diego, CA 92108

Murphy Lomon & Assoc
2860 S River Rd Ste 200
Des Plaines, IL 60018

Natural Way Chicago
2235 Hammond Drive
Unit A
Schaumburg, IL 60173

Nordstroms
PO Box 79134
Phoenix, AZ 85062

Northwest Health Care Associates
2500 W. Higgins
Suite 505
Hoffman Estates, IL 60169

Northwest Health Care Associates
PO Box 20790
Columbus, OH 43220

Northwestern Hospital
P.O. Box 34433
Seattle, WA 98124

NPC/National City Bank
6211 Delmar
St. Louis, MO 63130

Onemain Financial
6801 Colwell Blvd
Ntsb-2320
Irving, TX 75039

Orchard Bank Platinum MasterCard
PO Box 88000
Baltimore, MD 21288

Park Ridge Anesthesiology
PO BOX 1123
Jackson, MI 49204

Pellettieri
991 Oak Creek Dr
Lombard, IL 60148

Portfolio Recovery
Attn: Bankruptcy
Po Box 41067
Norfolk, VA 23541

Prof Pl Svc
Attn: Crissy
Po Box 612
Milwaukee, WI 53201

Prompt Recov
Po Box 940
Twinsburg, OH 44087

Quest Diagnostics
1355 Mittel Blvd.
Wooddale, IL 60191

Raeke's Lawrence Service
537 S. Highland Ave.
Arlington Heights, IL 60005

Raiological Consultants of Woodstock
9410 Compubill Drive
Orland Park, IL 60462

RIC
345 E. Superior St
Chicago, IL 60611

Sams Club/GEMB
Attention: Bankruptcy Department
Po Box 103104
Roswell, GA 30076

Schaumburg Dental
650 East Higgins Road
Suite 3 West
Schaumburg, IL 60173

Sears
PO Box 183081
Columbus, OH 43218

Seventh Avenue
PO BOX 53566
Monroe, WI 53566

Shell
PO BOX 183018
Columbus, oh 43218

Shell
5757 Phantom Drive
Suite 330
Hazelwood, MO 63042

Sherman Physician Group, Inc.
1435 North Randall Road
Suite 106
Elgin, IL 60123

Snchnfin
2 Transam Plaza Dr
Oak Brook Terr, IL 60181

Specialized Loan Servi
Attn: Bankruptcy
8742 Lucent Blvd. Suite 300
Highlands Ranch, CO 80129

St. Alexian Brothers / St. Alexian Medic
po box 3495
Toledo, oh 43607

St. Alexian Brothers / St. Alexian Medic
22589 Network Place
Chicago, IL 60673

St. Alexian Brothers / St. Alexian Medic
1555 Barrington Road
DOB 3, SUITE 0400
Hoffman Estates, IL 60169

St. Alexian Brothers / St. Alexian Medic
921 N. Plum Grove Road
Schaumburg, IL 60173

St. Alexius Medical Center
PO Box 77000
Dept 77304
Detroit, MI 48277

State Collection Service
Po Box 6250
Madison, WI 53716

Surburban Assocs in Ophthalmolog
1100 West Central
Suite 205
Arlington Heights, IL 60005

Synchrony Bank/Lord & Taylor
Attn: Bankruptcy
Po Box 103104
Roswell, GA 30076

Synchrony Bank/Mens Wearhouse
Attn: Bankruptcy
Po Box 103104
Roswell, GA 30076

Target
C/O Financial & Retail Services
Mailstop BT PO Box 9475
Minneapolis, MN 55440

TCF Bank
800 Burr Ridge Pkwy
Burr Ridge, IL 60527

The Center for Sports Orthopae
1595 N. Barrington 101
Hoffman Estates, IL 60169

Toyota Motor Credit Co
Toyota Financial Services
Po Box 8026
Cedar Rapids, IA 52408

Transworld Systems Inc
2135 E. Primrose
Suite Q
Springfield, MO 65804

Travel + Leisure
po box 62120
Tampa, IL 62120

tru green
po box 9001128
louisville, ky 40290

US Cellar-M06
PO BOX 926100
Norcross, GA 30010

Vega's Landscaping, Inc
306 E. Wayne Place
Wheeling, IL 60090

Victoria Secrets/Angel
PO Box 16589
Columbus, oh 43216

Village of Hoffman Estates
PO Box 457
Wheeling, IL 60090

Village of Hoffman Estates
P.O. Box 457
Wheeling, IL 60090

Village of Schaumburg Ambulance
PO Box 612
Milwaukee, IL 53201

Viploanship
1374 Rocky Road
Philadelphia, PA 19104

Wellsfargo
800 Walnut St
Des Moines, IA 50309

Wf Fin Bank/Wells Fargo Financial
Attention: Bankruptcy
Po Box 10438 Mac-X2505-033
Des Moines, IA 50306

White Hills Cash Direct Pay
5781 W. Sunrise
Plantation, FL 33313

WomanCare PC
PO BOX 4543
Dept PER
Carol Stream, IL 60197

Woodfield Orthopedic
1102 S. Roselle Road
Schaumburg, IL 60193